VR A1S (4) 1SM 7/61

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01980

02000	7. 0.00	man 0227 1/26	160	
1. PLACE OF DEATH a. COUNTY	Items 8 & 9	2. USUAL RESIDENCE (Who	b. COUNTY	idence before edmission)
Montgomery	MARYLAND	Marylan	d Mont	gomery
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16		corporata limits, writa RURAL and g	ive neerest town)
Kensington		36 Kensingt	OTI	
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		. IS RESIDENCE
3119 Homewood Park	way	3119 Homew	ood Parkway	YES NO
NAME OF First	Middla	Last 4. DAT	TE Month I	Dey Year
(Type or print) KOSMO		NASIEV DEA	reb. Io,	19 62
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED   8	DATE OF BIRTH 1807	9. AGE (In yeers   IF UNDER 1 YE.	
Male White WIDO	WED DIVORCED T	Nov. 1. 1899	162 64 3 9	ys Hours Min.
Oe. USUAL OCCUPATION (Give kind of work   10b	KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County & State		N OF WHAT COUNTRY?
done during most of working life, even if retired)	lectrical	Russia	Natu	ralized
Engineer E	rectificat	14. MOTHER'S MAIDEN NAME	maca	Laired
Yakov Affanasiev		Xenia Sabli	n	
	16. SOCIAL SECURITY NO.   17. I		Address	
Yes, no, or unkown)   (Ifyesgive wer or dates of service)	18. SOCIAL SECORITY NO. 17. 1	NFORMANT Wife	Address	
No	None Lv	dia W. Affanas	iev Same	as Item 2
18. CAUSE OF DEATH [Enter only one cause p	er line for (a), (b), end (c).]	-A (	P. ()	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	- amais 1	will esterie	o Nine of ulsto	ONSET AND DEATH
IMMEDIATE CAUSE (6)	er cincula n	con your	The state of my dist	
DUE TO	7 6		0.	01/
Conditions, if any, which \ (b)	Musy les	ellower of Co	CBC.	J/2 924
gave rise to immediate ceuse	0			0
(a), stelling the underlying		1/	THE RESERVE OF THE PARTY OF	
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(	PERFORMED?
				YES NO
20e. ACCIDENT WAS UNDERLYING   20b. 1	DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Part f or Pe	ert II of item 1B.)	~
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
			(City or town) (County	(State)
Hour e.m.	hile Not While fact	ory, street, office bldg., atc.)		
7		1 1	- 1 DM	7
21. I certify that (I) (this hospital) att			/ 1	that (I) (we) last
saw the deceased alive on the	1962, and that	death occurred at 2 M, f	rom the causes and on the	date stated above.
226 SIGNATURE	2			22b. DATE
1-1. 1) of 4 a 1 1) a	V. a	ATTENDING MED.	STAFF	SIGNED
Walls I de ducht	ec M	D. PHYS. DIRECTOR	□ PHYS. □ Fe	b. 10, 190
NAME (Type)	0	22d. ADDRESS		
Charles F.	Geschickter	1834 Conn.	Ave., N.W., Was	hington.D
3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		OCATION (City, town or county)	(Stete)
REMOVAL (Specify)	Codon Will	Charmet .	2.7 - 1	
Cremation 2-12-62	Cedar Hill			ryland
4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY RE	GISTRAR 2Sb. REGISTRAR'S SIG	
ROBERT A. PUMP	HREY, Bethes	da . Md . DATE	4 '62 Comma d.	
	, Dones	72200		

TAURIT IS APRIL OF

Mensington.

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- Nontpodets

daryland hopt onery

Nov. 1, 1899 02 6 5 9

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Carcanara Lord Spherica Teach Laguet

Teaming Consequence of Colonie . 3 1/2 "

July Merchalted to the state of the 1902 chartes : Gostanietes - Litt Comm. Avc., M. W. Sanington D. C.

2-12-52 Dedor Hill (memmiory 3nd tland, Harryland

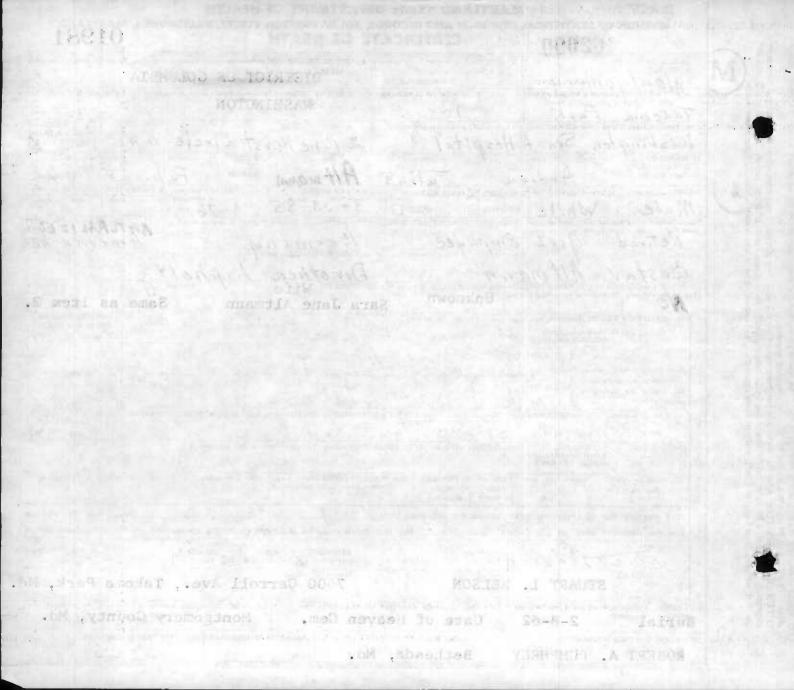
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01981 02000

7	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
	Montgomery MARYLAND	a. STATE DISTRICT OF COLUMBIA
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURALland give pearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)  WASHINGTON
5	Takoma Park Idays	WASHINGTON 47X'3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ed (ress)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
	Washington Jan. + Hospital	2 Pine hurst Circle N.W. YES NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
1	(Type or print) Andrew Julius	Altmann DEATH Feb. 5 1962
)		8. DATE OF BIRTH 9. AGE (in years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	3-23-85   less birthday)   Months   Days   Hours   Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CHIZEN OF WHAT COUNTRY?
	Retired Gove Employee.	Germany America-45A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Eustav Altmann	Dorothea hipholta
	1/4 / 1 11/1/1 1 11 1 1 1 1 1 1 1 1 1 1	INFORMANT Wife Address
		ara Jane Altmann Same as Item 2.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTÉRYAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) MIDO COTOLAL	21/urc One week
	LIDUE TO	
	Conditions, if eny, which \ (b) (xy Opstive )	Yesut Failure
	gave rise to immediate cause	+13
	(e), steting the underlying cause last.	127 VIRELIE
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	Enpumphis and Kidne	PERFORMED?
		D. (Enter neture of injury in Pert I or Pert II of item 18.)
	OR CONTRIBUTING ☐ CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3 20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL While Not While factors of work 19	ctory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	1-29 1962 to 2-5 1960, that (1) (we) last
	100	at death occured at ASAM, from the causes and on the date stated above.
	22e. SIGNATURE O DY O	22b. DATE
	Stuart Blesson	M.D. ATTENDING MED. STAFF 2-5-62 SIGNED, PHYS. D 2-5-62 SIGNED,
A	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) STUART L. NELSON	7600 Carroll Ave., Takoma Park, Md
	230. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	
1	Burlai 2-8-62 Gate of Hea	even Cem. Montgomery County, Md.
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	ROBERT A. PUMPHREY Bethesda,	Md. DATE SA 9 162 Circles S. Kines
		ALCONOMIC TO THE PROPERTY OF T

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERA STRECTOR: After this certificate has been signed by the attending physician and completely fill in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Permit and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 1SM 7/61



O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

CO PUNERAY RECTOR: After this certificate has been signed by the attending physician and completely filling by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Page 3 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. We To FUNERAY

TO FUNERAY

G G director, page 3

D & be filed with the TO HOSPITAL

### MARYLAND STATE DEPARTMENT OF HEALTH

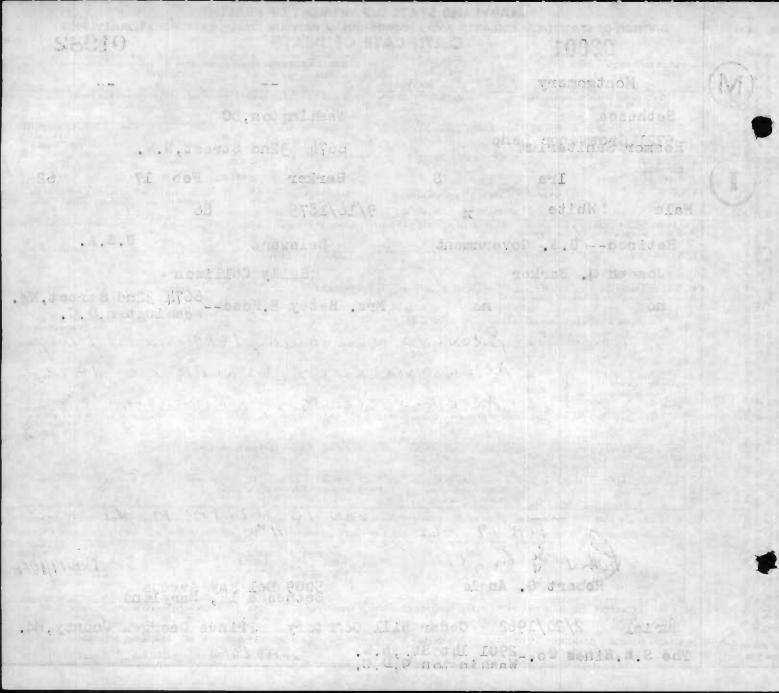
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1201

CERTIFICATE OF DEATH

01982

a. COUNTY	rh			2. USUAL RESIDE	NCE (Where da	ceasad lived, If i		nca before admission)
	ntgomery		MARYLAND	a. SIAIE		В. СООН	<b>(40)</b> +-4	100
b. CITY OR TOWN	(if outside corporata lim	nits,   c.	LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	orate limits, writa	RURAL and give	naarast town)
Bethes	nd giva naarast town)			Washing	ton DC		LAY	2
	PITAL OR INSTITUTION	lif not in bosnitel	Laive street address)	d. STREET ADDRES			TIA	e. IS RESIDENCE
			, giva silver eduless,				1.7	ON A FARM?
				6674 3		reet, N.		YES NO
NAME OF DECEASED	Firs	t	Middle	Last	4. DATE OF	Month	Day	
(Typa or print)	Ira		S	Barker	DEATH	Feb	17	1962
5. SEX	6. COLOR OR RACI	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEAR	
Male	White	WIDOWED		9/16/1875		86 yrs.	Months Deys	Hours Min.
Da. USUAL OCCUPA	ATION (Give kind of wor	k   1Db. KIND	OF BUSINESS OR INDUS	TRY   11. BIRTHPLACE (Co	unty & Stata, or	foreign country)	12. CITIZEN	OF WHAT COUNTRY
	working life, aven if retir		nont	Dolor	.077.0		U.S.	A.
IS. FATHER'S NAME	d U.S.	GONELIT	116110	Delaw				
•	h O Domle	0.00				1 facm		
	h Q. Bark				ly Col	TISOH		
	EVER IN U.S. ARMED FO (Ifyas give war or datas of			INFORMANT		6671	32nd S	treet. NW
no		no	N	Irs. Betty	B.Reed	Wooh		
18. CAUSE OF	DEATH [Entar only on	a causa par lina	for (a), (b), and (c).]			Wasii	TIE OF THE	TERVAL BETWEEN
PART I. DE	TH WAS CAUSED BY:	Re	ONCHOPA	JEUMONI	1 76	RIYINI		1 Dais
33	IMMEDIATE CAUSE (a	/	0/0 (-1101)	0 2 6711 (10) (7	41	1201	1	1
20	DUE TO		010001	~ ~ ~ ~ ~ ~	1:1-2		,	Lavins
Conditions, if a	100	17/0/1	ERIOSCL	EROSIS,	OCK	6-1312A		10 4.69
(a), stating tha	DITE TO	1			1		3600	1060
causa last.	) (6	-	TERLOS		5 467	U CRAU	ZEn	10 4/23
PART II. OTH	IER SIGNIFICANT CON	ITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
3								YES NO
2Da. ACCIDENT	WAS UNDERLYING		BE HOW INJURY OCCUP	RED. (Entar nature of injury	in Part I or Part II	of item 18.)		
	IG CAUSE OF DEATH FY MEDICAL EXAMINER							
			URY OCCURRED   2De. F	PLACE OF INJURY (Homa, fa	arm, 1 2Df. (City	or town)	(County)	(Stata)
2Dc. TIME OF IN		Whila _	_Not While f	factory, streat, offica bldg.,				
		at work	at work	1	1			
21. I certify	that (I) (this hope	ital) attended	d the deceased from	m V A 1V . 1 O				that (I) (349) la:
saw the dece	ased alive on F	EB 17	19.6.2 and th	nat death occured at	I.P.M. from	the causes	and on the	date stated above
22a. SIGNATUR	- Company	0						22b. DATE
	Toback 3	Una	Le	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		FCH 17 196
22c. PHYSICIAN	3	-		22d. ADDRESS				1 50 11,176
NAME (Ty	Robert C	. Angl	0	5009	Del Ra	y Aven	ue	
				Beth	esda 14	Mary	land	(Chaha)
REMOVAL (Space	ATION, 236. DATE TH		3c. NAME OF CEMETER			ATION (City, You		(Stata)
Burial	2/20/3	1962	Cedar Hil		Prin	ice Geo	rges C	ounty, Md
4 FUNERAL DIRECT		2007	ADDRESS NT				GISTRAR'S SIGN	ATURE
The S.H.	Hines Co.	-2901	14th St., N	DATE	FEB 2 0 '	52   0	Lithur S. Ft	raus
		wasn 1	noton 9,1					

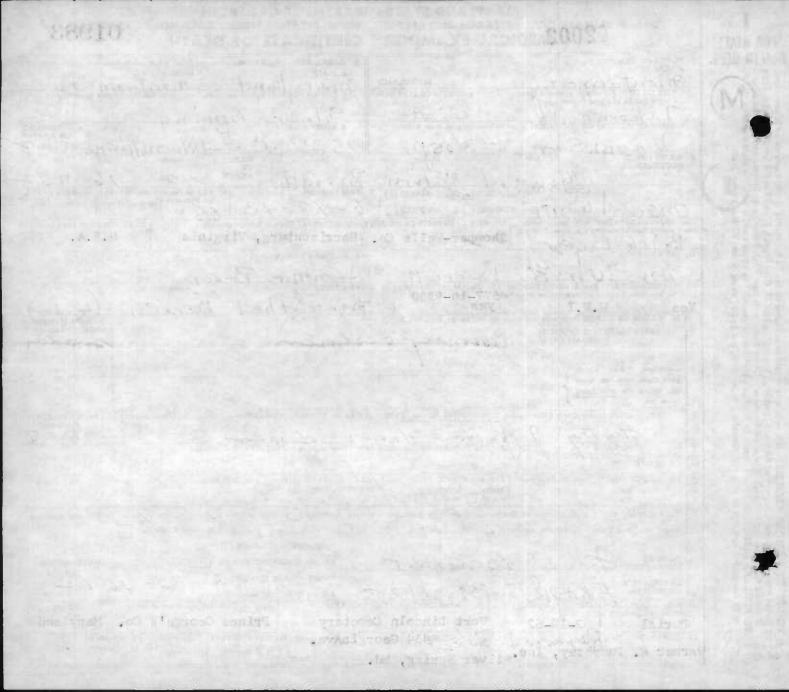


### FOR STATE HEALTH DEPT. our files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n please executed executed within 24 hours after death. If any delay is n please executed executed with the second se 9 VS. AISME

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY SAND

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
montgomery MARYLANI	maryland montgomery
b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give neerest town	12601
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS Pring
1 4	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Washisan & Hosp,	11523 C. Jalkland, Lang yES NO 14
3. NAME OF First Mode	Last 4. DATE Month Day Year
(Type or print)	Barrett DEATH 2 16 1962
5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years [IF UNDER 1 YEAR] IF UNDER 24 HRS.
male, white widowed Divorced	6-18-93 Last birthday) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY   11. 8IRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Brick Layer Shomper-Wells Co	Harrisonburg, Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
my Wm. H. Barrett	Jennie Bear
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17	. INEGRMANT Address
(Yes, no, or unkown) (Ifyesgivawarordelesofservice) 577-16-9380 Yes W.W.I	The state of Read the Comment
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	mrschel varrell (wife)
PART I. DEATH WAS CAUSED 8Y:	ONSET AND DEATH
	Suddy
DUE TO	
Conditions, if any, which (b)	
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
thinton 1	PERFORMED?
208, EXTERNAL CAUSE WAS 206, DESCRIBE HOW INJURY OCCURED	C. (Enter nature of Injury in Part I or Part II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  THE STATE OF DEATH BUT  208. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   208. DESCRIBE HOW INJURY OCCURED CAUSE OF DEATH	, (amor no do de injury in tall 1 of rail it of neith 16.)
20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. F	PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State)
Hour a.m. While Not While	factory, streat, offica bldg., etc.)
Pills 17   Land Land	
21. I certify that I took charge of the remains described above,	
death resulted from: Natural causes , Accident , Su	uicide, Homicide, Undetermined manner
0. 0	CHIEF MEDICAL EXAMINER
SIGNATURE Traces Systems	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S FRANK J. BAUXCHZI	DEPUTY MEDICAL EXAMINER \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	
Burial 2-19-62 Fort Lincoln	
	orgiaAve 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Jarner E. Pumih roy. The	CFR 21 62 Chilling & Times.
Sflver Spring, M	d. DATE DATE



### DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** OF DEATH G308 G308 2/28/62 iwk 2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before edmission) 1. PLACE OF DEATH Charle 5 a. COUNTY b. COUNTY e. STATE Montgomery St. Mary's Maryland MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Bethesda Indianhead d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS Suburban 6 Clermont St. etely 3. NAME OF Last 4. DATE Month First DECEASED DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 8. DATE 7. MARRIED X NEVER MARRIED last birthday) pue Months Devs Male White WIDOWED DIVORCED yrs. 12. CITIZEN OF WHAT COUNTAY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retirad) J.C. Barrett Barber 13. FATHER'S NAME 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unkown) | (If yes give were reference) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (a), steting the underlying couse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY 95 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) Month, Dev. Yeer Not While fectory, street, office bldg., etc.) While Hour e.m. et work et work 21. I certify that (I) (this hospital) atlended the deceased from. 219 ..... and that death occurred et? 'from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHY5. -666 M.D.

22d. ADDRESS

LOCATION

25b. REGISTRAR'S SIGNATURE

O YEUR & Trava

23c. NAME OF CEMETERY OR CREMATORY

Lakswood mem. Pk Cem

e. IS RESIDENCE

ON A FARM?

196

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO .

(Stete)

22b. DATE

SIGNED

Dev

death. Page OF VR A15 (4) 15M 9/60

director, I be filed v

22c. PHYSICIAN'S NAME (Type)

REMOVAL (Spacify)

23e. BURIAL, CREMATION, 23b. DATE THEREOF

PUNERAL DIRECTOR'S SIGNATUR

100 1 1 1 1 1 1 1 1 · That to Charling the total LEGISLES .C. D Harlie Calenter and a could They the the first of the The The garage the state of the s Burne B. 24-62 Telegred Team Ph. Carl Jochem Margary CALLE TO THE REAL PROPERTY OF THE PARTY OF T

MARYLAND STATE DEPARTMENT OF HEALTH

075192162

arthur S. Thous

IS RESIDENCE

ON A FARM? YES NO

> 19 62

IF UNDER 24 HRS.

ONSET AND DEATH Md.

PERFORMED?

NO V

(State)

22b. DATE

SIGNED

1.1.1.1

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	xcs: acces	vab 1	aras and	olak.
EX DE DEL MANTE.	rangement coll	fufficach & mult	office autor	DO HH
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	Moreover, New York		\$ - and \$ and \$ 1.	
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opt 101, Telema For	za abieda oestwa com			J .
	an Koust ton	Taile warming		
THE SE L VINNE	on 2010 S (a±nais) m			
2-8-6				
		. Vociment, H. O.	do de ula	
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### YLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) COUNTY COUNTY e. STATE MARYLAND CITY OR (DWN (If outside corporate limits, write RURAL and sive nearest town) Comer c b. CITY OR TOWN(I outside corporate limits, write RURAL end give neeres 1 wo) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) completely papers. 3. NAME OF 72 DECEASED OF (Type or print) DEATH carbon with 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED and last birthdey) Months WIDOWED DIVORCED physician USUAL OCCUPATION (Giva kind of work гетоув 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 14. MOTHER'S MAIDEN NA please attending 16. SOCIAL SECURITY NO. I or unknown) | [[fyesqive wer ordetes of service] the permit. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c), signed by PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (0) burial-transit DUE TO Conditions, if any, which peen geve rise to immediate cause DUE TO (a), steting the underlying Q (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) factory, straet, office bldg., etc.) While Not While Hour a.m. et work et work RECTOR: 8 19.62 and that death occurred at 45 M, from the causes and on the date stated above. saw the deceased alive 22e. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. death. Page 4 fo FUNERAV director, page ZZc. PHYSICIANA 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24-FUNERAL DIRECTOR'S SIGNATURE W VR A15 (4) arthur & Thous 15M 9/60

e. IS RESIDENCE ON A FARM? YES NO

IF UNDER 24 HRS.

Hours

INTERVAL BETW

(County)

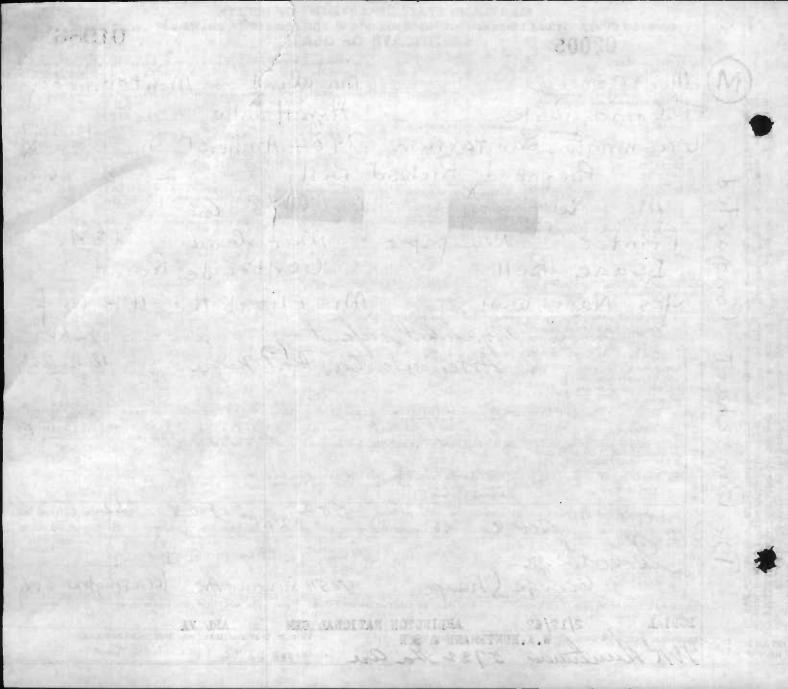
AND DEATH

WAS AUTOPSY PERFORMED? NO D

(Stete)

22b. DATE

SIGNED



in by the funeral 1 and 2 should after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERY STRECTOR: After this certificate has been signed by the attending physician and completely from in by the funeral director, page 5 should be detached for use as the burial-transit permit. Then please remove carbon papers.

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

. PLACE OF DEATH			2. USUAL RESIDENCE (V	b. COUN	
Montgomer		MARYLAND	Nebraska		
b. CITY OR TOWN (if or write RURAL and give	utside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporate limits, write	RURAL and give neerest town)
Bethesda		21 Days	Bertrand		64X-3
d. NAME OF HOSPITAL	OR INSTITUTION (if not	in hospital, giva street address)	d. STREET ADDRESS		IS RESIDE     ON A FA
The Clini			Route #	2	YES NO
NAME OF DECEASED	First	Middle		DATE Month	Dey Year
(Type or print)	EVONNE	JEAN	BENSON	DEATH Febr	uary 20, 1962
5. SEX 6	. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers last birthdey)	
Female	White w	DOWED DIVORCED	9 July 1956	5 yrs.	Months Days Hours M
IOa. USUAL OCCUPATION done during most of working		106. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (County & S	State, or foreign country)	12. CITIZEN OF WHAT COUN
	hild)	None	Nebraska		USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	E	
Charles	L. Benson		Betty Fritz		
5. WAS DECEASED EVER I	IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT The Med	ical Record	
(If yes No	s give wer or deles of service	0)	ne Clinical Cent		a ll. Maryland
	TH [Enter only one cous	e per line for (a), (b), end (c).]	-0 032112002 00110	on y Doomsou	INTERVAL BETWEE
			mla a ma		ONSET AND DEAT
	INO CHOSED DIE	shamaahnasa hamar			0 0 0 2 0
) IMI	MEDIATE CAUSE (e) SI	ubarachnoid hemor	rnage		1 day
2	MEDIATE CAUSE (6) 50				
Conditions, if eny,	which \ (b) PS	abarachnoid hemor			1 day
Conditions, if eny, y geve rise to immediate (a), stating the unde	DUE TO  which couse of the property of the pro	eudomonas septic	emia		3 days
Conditions, if eny, y geve rise to immediate (a), stating the under cause lest.	MEDIATE CAUSE (e) State TO  Which couse (b) PS  Couse DUE TO  (c) AC	eudomonas septic	emia leukemia		3 days
Conditions, if eny, geve rise to immediate (a), sletting the under couse lest.	MEDIATE CAUSE (e) SU DUE TO (b) PS couse orlying DUE TO (c) AC	eudomonas septic	emia leukemia	DISEASE CONDITION GIV	3 days
Conditions, if eny, geve rise to immediate (a), stating the under ceuse lest.	MEDIATE CAUSE (e) SU DUE TO (b) PS couse orlying DUE TO (c) AC	eudomonas septic	emia leukemia	DISEASE CONDITION GIV	3 days 18 month
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Conditions, if eny, yeve rise to immediate (a), steling the under ceuse lest.  PART II. OTHER SI  20e. ACCIDENT WAS OR CONTRIBUTING DIFFERENCE OF THE CONTRIBUTING DIFFERENCE OF THE CONTRIBUTING DIFFERENCE OF THE CONTRIBUTION DE CONTRIBUTI	MEDIATE CAUSE (e)  DUE TO  Which couse of DUE TO  COLUMN (c)  GNIFICANT CONDITION  UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Yeer  19  (this hospital)  alive on Feb.	eudomonas septic  eute lymphocytic s contributing to DEATH BUT N  DESCRIBE HOW INJURY OCCURE  20d. INJURY OCCURRED While Not While far at work st work 1  attended the deceased from 20, 1962 and the	Leukemia  OT RELATED TO THE TERMINAL D  D. (Enter neture of injury in Part I  ACE OF INJURY (Home, ferm, 2 ctory, street, office bldg., etc.)  January 30, 19,6  at death occured at	or Part II of item 1B.)  Of. (City or town)  2. to Februar  A, from the causes  TOR PHYS. Clinical Cet	3 days   18 month   19. was auro   PERFORME   YES   NO
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Conditions, if eny, y geve rise to immediate (a), stating the under course lest.  PART II. OTHER SITE OF CONTRIBUTING (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour a.m., p.m.  21. I certify that saw the deceased 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	MEDIATE CAUSE (e)  DUE TO  Which couse priying  DUE TO  (c)  AC  GNIFICANT CONDITION  UNDERLYING  CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Yeer  19  (this hospital) alive onFeb.  Edward S. H	eudomonas septic cute lymphocytic s contributing to DEATH BUT N  DESCRIBE HOW INJURY OCCURE  20d. INJURY OCCURRED While Not While far work st	D. (Enter neture of injury in Part I  ACE OF INJURY (Home, ferm, 2 ctory, street, office bldg., etc.)  January 30, 196  In death occured at	or Part II of item 1B.)  Of. (City or town)  STAFF PHYS.  Clinical Cet Of Health, Be Of. LOCATION (City, town)  Y REGISTRAR 25b. REC	3 days   18 month   19. WAS AUTO PERFORMS   YES NO   19. WAS AUTO PERFORMS   19. WAS AUT

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### MARYLAND STATE DEPARTMENT OF HEALTH

		0200	7	CERTIF	ICATE	OF DEATH	i wle	AT LAND	019	989
	PLACE OF DEATH	turn	1274	MARY	31	USUAL RESIDENCE (W	here deceased liv	ved. If institution: b. COUNTY	Residence befor	re admission)
	B. CITY OR TOWN	(If suiside corp negrest town)	porote limits rite	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corporate	jimils, write RUR	At and give nea	1x-3
	d. NAME OF HOS OR INSTITUTION	y ~	haspital, give street	11.		d. STREET ADDRESS 5/62	-344	1 st. >	1.W.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Sa	die	Middle	Zerr	stein	4. DATE OF DEATH	Feb.	4	1962
	Fama	le Jezu	ish widow			8/6/75	5	So yrs.	UNDER 1 YEAR	Hours Min.
	House	arking life, even	if retired)	. KIND OF BUSINESS O		Russ.	ia	try)	7C.	S.A.
	Abrah	om	Lolube	79		E/13a	beth	Rubin		111
	was deceased e	(If yes, give wor	or dates of service)	. SOCIAL SECURITY NO	mrs.	Edna Sa	hwart	3 516	22, 3.	4th St.11.
	The second second	PEATH (Enter of PEATH WAS CAL IMMEDIATE	JSED BY:	ine far (a). (b), and (c).	alic	Carcine	ma			FRVAL BETWEEN SET AND DEATH  HOS
	Conditions, if gave rise to couse (o), stati	immediate (	(b)	Carcin	oma	- of the	Breas	7		2 years
TION	PART II. (		(c)	CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIVEN	I IN PART 1(o) 1	PERFORMED?
CERTIFICA	20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	NG CAUSE C	OF DEATH	SCRIBE HOW INJURY O	CCURRED. (E	nter nature af injury in	Part I ar Part II	of item 18.)	2	YES NO
MEDICAL	20c. TIME OF IN. Hour o. r p. r	n.	Day, Year 20d. While of wo			OF INJURY (Hame, far , street, office bldg., et		town)	(Caunty)	(State)
	saw the dece	eased alive		ded the deceased 3_1962, and		/ 205	PM, from th			
	22c. PHYSICIAN	obert	Z. Kr	ichmat	M.D	ATTENDING PHYS.	AED.	STAFF PHYS.   #	EB 4	22b. DATE SIGNED
220	NAME (Type	NOBE.	RT L, I	RICHMA 23c. NAME OF CEM	PR	7733/		ALTINE	NW W.	ASH12DC
200	BURIAL Spec		6-6)	OHEV SHOLO				N (City, town, or ) 45 HING	TON	(State)

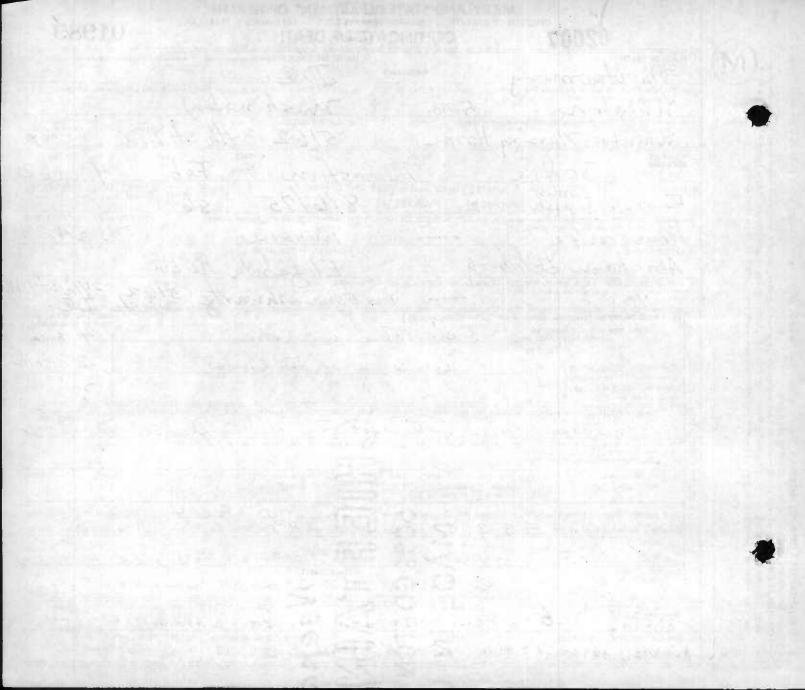
256. REGISTRAR'S SIGNATURE

25a. REC'D BY REGISTRAR DATE FEB 8

'62

24. FUNERAL DIRECTOR'S SIGNATURE
BERNALD DANZANSKY YSWK- 3501-1413 STNW

VR A1S (4) 1SM 9/59



VS A1S (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02008 CERTIFICATE OF DEATH

01990

UNUUU			Keg.	DIST. No.
1. PLACE OF DEATH  o. COUNTY MONTGO MERY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLA	ere deceased lived. If institution: Res b. COUNTY	idence before admission)
b. CITY OR TOWN (If outside exprorate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write RURAL a	7.0
d. NAME OF HOSPITAL (If not in hospital, give street ad OR INSTITUTION  0807 ALLEGHENY	dress)	d. STREET ADDRESS	ALLEGHENY ST.	e. 15 RESIDENCE ON A FARM? YES NO V
3. NAME OF DECEASED (Type or print) William	Middle	Betz	4. DATE Month OF DEATH FEB.	Day Year 17, 1962
M WHITE WIDOWED		B. DATE OF BIRTH	last birthday) Mantl	DER 1 YEAR OF UNDER 24 HRS. The Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of ASHI'N		CITIZEN OF WHAT COUNTRY
WILLIAM BETZ		14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes. no. or unknown) [If yes, give war or dates of service) Culturated	-	NFORMANT LAPIA	Address jo	OO CONN. AVE. N
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	for (a), (b), and (c).	eumonia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the under	gestive a	east fail	Ortes	3-5 days
PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part II of item 18.)	, <u></u>
20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour a. jn. 19 While of work	_ Not while for	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. 1 certify that I attended the deceased alive on File 17, 1963		00000000 at 826	Flb-17, 1962, that 2M, from the causes and or	( last saw the deceased
ACTUAL SIGNATURE Sychien Les	exteral,	M.D. 9210 Col	DORESS (Street, city or town, state)	DATE SIGNED
PHYSICIAN'S NAME (Type)				2/17/63
SURIAL 21 FEB 1962	PASSEY MAU	SOLE UM	22d. LOCATION (City, town, or count	y) (Stote)
CINALDI FUNERAL HOME DA	ADDRESS OF GLARGIAN	AVE NW INDATE FEL	8Y REGISTRAR 24b. REGISTRAR'S B 2 0 '62 Carthur	SIGNATURE & Trans

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and store of their visit of their time.	C. A.S. Str., Tennel Superior and the court to describe a late.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page chould be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 shorts be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours and death

1.

MEDICAL CERTIFICATION

	MARYLAND STATE DIVISION OF STATISTICAL RESEARCH AND RECOI	DEPARTMENT OF HEALTH RDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	02009 CERTIFICA	ATE OF DEATH $0.0307 - \frac{2}{26} \frac{26}{62} - \frac{1}{100} \frac{1}{100} $	
	PLACE OF DEATH  a. COUNTY ON + gamery MARYLANI	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admis	ision)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva straet address) Tensington Gardens Sanitorium	d. Street Address  5526 Oakmont Ave.  o. 15 reside on a fa	RM?
3.	NAME OF DECEASED (Type or print) MARTHA N. BL	LANKENSHIP DEATH Feb. 18 196	2
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED W DIVORCED	1 27 Dec. 18/3 8/10 pm.	HRS.
do	B. USUAL OCCUPATION (Give kind of work of work of working life; avan if retired)	Camden Co. Missouri USA	NTRY?
	William A. Ayers	Lucy Hamilton Dougherty	
		irs. Beulah Lacey  Address Same as Item 2	•
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying Couse last.	LATORY COLLAPSE  INTERVAL BETWEE ONSET AND DEAT  10 SCLEROTIC HEART DISEASE 5+ Y/A  ARTERIO SCLEROSIS  10+ V/A	S. 25.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  PNEUMONIA	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORME  VES NO  URED. (Entar natura of injury in Part I or Part II of itam 18.)	D?
MEDICAL	£	PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State factory, street, office bldg., etc.)	e)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	that death occured at 2 from the causes and on the date stated ab	ove.
	22c. PHYSICIAN'S NAME (Type) CHANCES J. SAVANESS	ATTENDING MED.  PHYS. DIRECTOR DHYS. D  22d. ADDRESS  MKW 4890 BATTENY CARE BETWEE	004
	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  rial-transit 2-19-62  Wichita P	ERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) Park Cemetery Wichita, Kansas	Pus
_	FUNERAL DIRECTOR'S SIGNATURE ADDRESS  ROBERT A PUMPHREY Bethesda	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	

24 VR A15 (4) 15M 7/61

23 Bur

DATE

16. 1313 Mary Levil Profit Controllery 5526 Oakmont ave. done hers. boulah Lacey Same as Item 2. Dariel-transit 7-19-62 Wichitz Pork Vemetery Wichita, sansos MOSERI A. FUTFILERY Sarnesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

3442-4	TIPLE OF THE PERMITTED	
<b>DIVISION OF STATISTICAL RES</b>	EARCH AND RECORDS, 301 W. PRESTON STREET, B	ALTIMORE 1, MARYLAND
02010	CERTIFICATE OF DEATH	0199

1. PLACE OF DEAT	TH		2. USUAL RESIDENCE	E (Where deceased lived, If	institution, Residence before admi-	ission)
a. COUNTY	ntgomery	MARYLAND	a. STATE	b. cour	(TY	V
b. CITY OR TOWN	(if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 16			e RURAL and give neerest fown)	
Bethesda		9 days	Frei	mont	19 X. 3	3
	PITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS		l e. IS RESIDI	ENCE
	Hospital, Bethe		223 No:	rth Wood Stree	ON A FA	
3. NAME OF DECEASED	First	Middla	Last	4. DATE Month	Dey Yeer	
(Type or print)	Emil	Ignatius	Bodenlos	DEATH Februs	ary 8 1962	
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED   8	. DATE OF SIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR   IF UNDER 24	
Male	Caucasian WIDOW	ED DIVORCED 6	April 1900	61 yrs.	Months Days Hours N	Min.
10a. USUAL OCCUPA	100000000000000000000000000000000000000	KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COU	NTRY?
U.S. Arr			Ohio		USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	ODA	
BODENT	OS, Robert I.	A STATE OF THE STA	GEDEO	N. Charlotte		
15. WAS DECEASED E		SOCIAL SECURITY NO. 17. I		Address		-
	(If yes give wer or dates of service)				- //-	
Yes	MM TT		fe Mrs. Marie	e Al Bødenlos	-44	
	DEATH [Enter only one cause per	line for (e), (b), and (c).]	11 11	1 10	ONSET AND DEAT	
PAKI I. DEA	TH WAS CAUSED BY:  JAMEDIATE CAUSE (0)	m gestine !	Leart 7	silure		
1	2 DUE TO T	_ /1				
Conditions, if an	0 4 ( //	humate	a Heart	plesers	2	
gave rise to imme	diete ceuse		0			
(a), stating the	underlying DUE TO					
cause last.	) (c)					
PART II. OTHI	ER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTO	
					YES NO	XX
OR CONTRIBUTING	VAS UNDERLYING   2Db. DE: G   CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in P	ert I or Pert II of item 18.)		
3 20c. TIME OF INJ	IURY Month, Day, Year   20d.	INJURY OCCURRED   200, PLA	CE OF INJURY (Home, farm,	. ' 20f. (City or town)	(County) (Stet	to)
20c. TIME OF INJ Hour a.m. p.m.	Whil		ory, street, office bldg., etc.			
21. L certify	that 🗷) (this hospital) atter	ded the deceased from	January	1962 18 Februar	v 19 62 that XI) (we'	) last
	ased alive on 8. Februar					
22e. SIGNAJURE	/				22b. D/	ATE
111	12/1/100	render/m		RECTOR PHYS.	0	GNED
22. PHYSICIAN'S	-1. / 0 - 00	DE LEGICIO MI	22d. ADDRESS		9 Feb 1962	
W.F. W.	ARRENDER LT MC US	SN	U.S. NAV	AL HOSPITAL BE	THESDA MD	
	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, to		
REMOVAL (Specify Burial				ery Arlington	Virginia	
24 PHERAL DIRECTO	IR'S NIGHALIRE MALLE	LI - ADDRESS		D BY REGISTRAR 256. RE		10
Revenu	/// / Ketnes	da Maryland			on S. Thomas	
Robert A.	PHMPHREY Funera	Home 7557 Wis	. Avenue			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the ettending physician and completely filled by the funeral director, page remove carbon papers. Page and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and event, within 72 hours and ceston. VR A15 (4) 15M 7/61

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PERSONAL SECTION IN

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dental, chartons

wife yes. Marie && Strengos Wire es 42

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## by the funeral and 2 should OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours 4 may be retained by the hospital or attending physician. LA CECTOR: After this certificate has been signed by the attending physician and completely filled as yould be detached for use as the burial-transit permit. Then please remove carbon papers. Page the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at TO HOSPITAL ( death, Page 4 m TO FUNERAL, director, page 3

VR A15 (4) 15M 9/60 2

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1993

UAULL						
1. PLACE OF DEATH		2. USUAL RESIDENC	E (Whare decessed lived, If I		ce before admission)	
a. COUNTY Montgomery	MARYLAND	. STATE West	Virginia b. COUN	IY		
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		outsida corporata limits, wrlta	RURAL and giva	nearest town)	
write RURAL end give neerest town) Bethesda	42 do	Halltown		P5	r. 3	
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	12 CIAUS	d. STREET ADDRESS		00	. IS RESIDENCE	
					ON A FARM?	
The Clinical Center, Beth			et address		YES NO	
3. NAME OF First DECEASED	Middle	Lest	4. DATE Month	Day	Yeer	
(Type or print) William	Elwood Bo	wers	DEATH Februa	ry 27,	19 62	
5. SEX 6. COLOR OR RACE 7. MARR	LIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR		
Male White WIDOW		June 14, 192	lest birthdey) 36 yrs.	Months Days	Hours Min.	
	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	y & State, or foreign country)	12. CITIZEN O	F WHAT COUNTRY?	
done during most of working lifa, even if retired)  Postmaster	lovernment	West Vi	rai ni a	U.S.	A	
13. FATHER'S NAME	TO VOLIMICITO	14. MOTHER'S MAIDEN N		0.0.	A.	
Winerd Bowers		Freda McA	bov			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	S. SOCIAL SECURITY NO.   17. I	NFORMANT	Address			
(Yes, no, or unkown) (If yes give war or dates of service)	031. 39 7576 my	The M	edical Records	- 71. Ma	hara Faran	
Yes WW II		ie orringar o	enter, Betheso	a Tito Ma	ryland TERVAL BETWEEN	
DART I DEATH WAS CAUSED BY.				10	SET AND DEATH	
IMMEDIATE CAUSE (e) AC	ute cardiac fai	Lure			minutes	
204 2 DUE TO						
\-	ute myelogenous	leukemia		7	months	
gave rise to immediate cause (a), stating the underlying  DUE TO						
ceuse last. (c)				1177.0		
	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	N IN PART 1(a)   1	19. WAS AUTOPSY	
					YES X NO	
E 200, ACCIDENT WAS UNDERLYING   20b, D	ESCRIBE HOW INTURY OCCURED	(Enter neture of injury in P	ert I or Pert II of item 18.1		110 24 110	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	☑ OR CONTRIBUTING ☐ CAUSE OF DEATH					
20c. TIME OF INJURY Month, Day, Year   20c		CE OF INJURY (Home, ferm,		(County)	(Steta)	
20c. TIME OF INJURY Month, Day, Year 20c Wh Hour e.m. 19 et w	HO THE PARTY OF TH	ory, street, office bldg., etc.)				
	ork et work	2/	(0 7)	00	-	
21. I certify that (f) (this hospital) atte						
saw the deceased alive on February	727. and that	death occured at	5. AR, Mirom the causes	and on the d		
220. SIGNATURE		ATTENDING M	ED. STAFF		22b. DATE SIGNED	
noverote he	ON M	.D. PHYS. DI	RECTOR PHYS.	10/	8/62	
22c. PHYSICIAN'S NAME (Type) Dolonst II I		22d. ADDRESS Th	e Clinical Cen	ter, Nat	ional	
Robert H. Lev	in, M.D.	Institute	s Of Health, E	ethesda	14. Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, tov		(Steta)	
REMOVAL (Specify) Burial 3/2/62	Edge Hill C	emeterv	Charles Tow	n, West	Va.	
24 FUNERAL DIRECTORS SIGNATURE 1		4		GISTRAR'S SIGNA		
X Novald Zalole	Harpers Fer	ry, Va. DATE	ap 6 '62 O	-H. og & the	11th	
1/ 1/ Normal Com	West	Va. DATE	The same of the sa	21, 101	- water of	

11090 Telminely New York modelish and applied to The Children Common to the the termination of the series to middle and ( Expense) Library 1925 and the Pagelinstry ting of the state iute cuta c r i c l i ura cuta contacto su i a think in the second s 1:542mm = 27, 62 Tang Main Tanggar Senger, Makangar ert . svi , ... community to the continue of the continue of

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12012 CERTIFICATE OF DEATH

01994

1. PLACE OF DEATH a. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. STATEMARY Land b. COUNTY Montgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  Bethesda	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Suburban Hospital	d. STREET ADDRESS 10304 Montgomery Ave.  o. IS RESIDENCE ON A FARM? YES NO*
3. NAME OF DECEASED (Type or print) NINA HOOD BRA	Lest 4. DATE Month Dey Yeer OF DEATH Feb. 26, 1962
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	8. DATE OF BIRTH Sept. 15, 1882  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Housewife	TRY 11. BIRTHPLACE (County & Steta, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Alabama  8. S.
13. FATHER'S NAME William Hood	14. MOTHER'S MAIDEN NAME Valinte Yielding
(Yes no or unknym) ( (fives alve westerdates of service)	rving H. Brazelton Same as Item 2.
PART I. DEATH WAS CAUSED BY:    DUE TO   DUE TO	Circum to Keing 3 MONTHS  anum J Cleans 3 Y RJ
CATIO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO NO
	ED. (Enter neture of injury in Pert I or Pert II of item 18.)
	LACE OF INJURY (Home, ferm, actory, street, office bldg., etc.) (City or town) (County) (Stete)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	at death occured at
22c. PHYSICIAN'S NAME (Type) A E G I DGWOUAW M.	M.D. ATTENDING MED. STAFF SIGNED, PHYS. 22d. ADDRESS  8218 Wisconsin Ave., Bethesda, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS BURIAL 2-28-62 Arlington	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)  Natl Cem. Arlington, Virginia.
24 FUNERAL DIRECTOR'S SIGNATURE  ROBERT A. PUMPHREY  Bethesda.	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

by the funeral and 2 should r death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

O FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at OR TO HOSPITAL TO FUNERAL VR A15 (4) 15M 7/61

Indicated madaudita

-1050a sontromexy Ave.

MODE BRANK TON FEB. 26.

Bondalk Validaty admillat

Treing H. Draselton

Same as Item 2.

8218 kisconsun Ave., Sethesdo, 151.

Arlington Watl Com. Arlington, Virginia.

ROBERT A. PIMPHREV - Bethoads, No. - William

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

H AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
01995 **DIVISION OF STATISTICAL RESEARCH** 02013

	LACE OF DEAT				2. USUAL RESI	DENCE (Whe	re decessed lived, If			dmission)
е.	COUNTY MO	ntgomery		MARYLAND	e. STATE Me	7		Montgo		
Ь.	CITY OR TOWN (	if outside corporete limit give neerest town)	ils,	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside	corporele limits, writ-	e RURAL and give	neerest low	n)
	Silver S			15 years	52, Chevy	Chase				
d			if not in hos	spitel, give street eddress)	d. STREET ADD	RESS			l a. IS RE	SIDENCE
		Nursing Hon		prior, grio sitoor oddross,			Avenue		ON	NO NO
	NAME OF	First		Middle	Lest	4. DA	TE Monti	h Dey	Yeer	
	Type or print)	Alice		Chase	Briggs		ATH Ze	R. 13	19	62
5. S	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In yeers			
f	female	white	WIDOWE		Sept. 20,	1875	Bo yrs.	Months Deys	Hours	Mln.
		ION (Give kind of working life, even if retire	d)	IND OF BUSINESS OR INDUST	Toledo		e, or foreign country)		S.A.	OUNTRY
13.	FATHER'S NAME			0	14. MOTHER'S MA	AIDEN NAME				
	Herman '	Walbridge				eth Wall	oridge			
		ER IN U.S. ARMED FOI			INFORMANT		Address		Chevy	
	No.	il yes give well of deles of s		lone Sc	uthwick W.	Briggs	6420 Wes	tern Ave	· Chase	Mc
	18. CAUSE OF I	DEATH [Enter only one	ceuse per	line for (e), (b), end (c).]	^				NTERVAL BET	
	PART I. DEAT	H WAS CAUSED BY:		70	E-die	-7	B	0	NSET AND	EATH
		IMMEDIATE CAUSE (e)		eile !	حولاره	~	and my		70	C.Zy
	50	O DUE TO	4 -	0.0						
	Conditions, if en	which a	150	exilical "	Zine.		in		200	Carre -
	gave rise to immed	1-7							VE .	1
	(e), steting the u	DITE TO	1		1	15	Lr		9 4	sa
	ceuse lest.	(c)	2	cour -	towar	Clerk	Co	-	- '	The state of the s
z i	PART II. OTHE	R SIGNIFICANT COND	TIONS COI	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISE	ASE CONDITION GIV	VEN IN PART 1(e)	19. WAS A	UTOPSY
2			-						PERFC	RMED?
5			100	200					YES	NO 13
2 (	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER		SCRIBE HOW INJURY OCCURE	D. (Enter neture of inju	ury in Pert I or F	Pert II of item 18.)			
₹ -	20c. TIME OF INJU	JRY Month, Dey, Ye	er   20d.	INJURY OCCURRED   20e. PL	ACE OF INJURY (Hom	e. ferm. ' 20f.	(City or town)	(County)		(Stete)
MEDICAL	Hour e.m.	, , , , , , , , , , , , , , , , , , ,	Whil		tory, street, office bld		,,	,		
X X	p.m.	19	et wo	rk et work						
	21 I cortify	that (I) (this hospi	ital) atter	ded the deceased from	Ling 2/1	F. 1955	107	3 . 1967.	that (1) (	we) las
- 1		sed alive on	J . 9	· .	t death occured	1/10 M.	from the causes	and on the	date state	d above
	22e. SIGNATURE					P			22b	. DATE
	226. SIGNATORE	Ali D	1	oney To	ATTENDING PHYS.	MED.	STAFF PHYS.	76		SIGNE
	22c. PHYSICIAN'S			0	22d. ADDRES	S			, >	
	NAME (Type	John S.	Roger	S	1919 5	Seminary	Rd.,Silv	er Sprin	g. Mar	rylan
23e.	BURIAL, CREMAT	ION, 23b. DATE THE	REOF	23c. NAME OF CEMETERY			LOCATION (City, to			tote)
R	REMOVAL (Specily	2-16-62		Rock Creek Ce	metery	Was	hington.	D.C.		
		R'S SIGNATURE Pay		ANDDRESS Georg			EGISTRAR 256, RE		ATURE	
				azispa		FER 1	9 '62	arthur &	4 .	
Wa	THEL E.	Pumphrey, 1	nc.	Sriver Spring	Md DA	TE .			- COUNTRY	

20010 . . . THE SWITCH STREET STREET

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12014 CERTIFICATE OF DEATH

01996

16 -0	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
1	a. COUNTY M	o. STATE b. COUNTY
$A \setminus I$	I ONTGOMERY MARYLAND	CITY OF TOWN IN A SILE OF THE PURPLE AND A SIL
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write BURAL and give nearest town)	c. CITY OR JOWN (If outside corporete limits, write RURAL and give neerest town)
		WASHINGTON D.C.
2.1	d. NAME OF HOSPITAL OR INSTITUTION (if not an hospital, give street eddress)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
14	SUBURBAN HOSPITAL	WANIE WESAPERKE ST. N.W. YES TINON
	3. NAME OF First Middle	Last A. DATE Month Day Yeer
0.30	DECEASED	OF 7 0
-	(Type or print) PAPRICK U.	RODERICK DEATH Fel- 6. 1962
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Male WIDOWED & DIVORCED A	Apoi 1 2 - 1812 Tayrs. Months Deys Hours Min.
Maria de la compansión de		RY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	deno during most of working life, even if retired)	
	KETIRED J.C. JOVERNME	
7	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Minuael PRADERICE	Julia Woody
	15 WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	(Yes, no, or unkown) (If yes give we ror detes of service)	Julia BANDERICK 2 D.
	NO 19-46-0969	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET-AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Provide pre	umouell 48 hours
	DUE TO	
	AD D MAN	mulearing weeth 10 days
	A	10 all
	(e), stetling the underlying DUE TO	pour
	couse lest. (c) Centurel ale	Terrisscherosis
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
2		YES X NO T
do	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF ETHER. NOTIFY MEDICAL EXAMINE)	D. (Enter neture of injury in Pert I or Pert II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH	
	to a	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	Hour a.m.  While Not While st work et work	
		Jan 27 , 122 to presents, that (1) (we) last
	21. I certify that (I) (this hospital) attended the deceased from	1900 to 1900, 19, that (I) (we) last
	saw the deceased alive on	death occured at
	22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
	C P rytella,	A.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S A DID VI A A D	22d, ADDRESS 1/6 61 1/11 1/1 0 7 1/00
1	NAME (Type) C PORYLAND	4400-49 St N.W Washington 16 VC
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d., LOCATION (City, fown or county) (Stete)
	REMOVAL (Specify)	HEAVEN WHEATON MA
0	DURIAL OF 9/ WOUNTE OF	
ake-	24 JUNERAL DIRECTOR'S STENATORE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SYCHATURE
da	Vimolly Naulon-4748-W150	HVE DATE FEB 13 02
7	Ker	

1.6-2.515 1, 8 The same of the sa A BENESON A Dalisanisan et esperal year Esterina PATERICK JE KREIDERICK TO THE Male Ware The Head 25 See my NETTERS I Comment Like Mand MICHIEF BRUSELLEX JULIE DUDGY 2 2 579-16-5829 John Bussence ENERGY STREET STREETS OF HERUSEN WASHERS himmens Income fifteen the

# rfor. Page ir files. is necessary, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please executed, certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral display to a should be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH
sion of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA

Division of STATIS	TICAL RESEARC	CH AND RECORDS,	301 W. PRESTON S	STREET,	BALTIMORE	1, MARYLAND
02015	MEDICAL	EXAMINER'S	CERTIFICATE	OF I	DEATH	01997

	. COUNTY ;		Z. USUAL RESIDENCE (When		sidence before ediffication)
1	nontgomes	MARYLAND	Maryland	b. COUNTY	Georges -
Ł	CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	orporata limits, writa RURAL and	
	write RURAL and give needest towal	DAA	Adalbl.	11	59.2
-	I. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	sital give street address)	d. STREET ADDRESS		I e. IS RESIDENCE
i	. Name of hospital or his front the mass	/	21 01	1	ON A FARM?
	Ud shington da	nitarium	2/15/10/0	nder ST	YES NO
	NAME OF First	Middle	Last 4. DAT	E Month	Dey Yeer
	Type or print)	Lawrence	R O DEA	тн ' ¬	6 1965
5.			DATE OF BIRTH	19. AGE (In years   IF UNDER 1 Y	
	MARKIEL V. MARKIEL	THE VERY MICKELED	2 1 = 1 8	Look brinds down	eys Hours Min.
	VIII WIDOWEE		2-13-08	53 yrs.	
	USUAL OCCUPATION (Give kind of work   1Db. Kile during most of working life, even if ratired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	country) 12. CIŢIZ	EN OF WHAT COUNTRY?
1	Salesman	Hardewar	5.0		15A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	-1- D (	< ·	Λ	me	
)	I nomas r.	rown	Anna	Meyers	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.: , no, or unkown)   (Ifyes give wer or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT	Address Same	, Address
1	NO - 5	78-05-861	o Lunne.	Brown	Dayantos
I	18. CAUSE OF DEATH [Enter only one cause per li		3,,,,,	3.007	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	mary oc	a D. a		ONSET AND DEATH
	IMMEDIATE CAUSE (a) C	mary oc	ceusion		made,
	DUE TO	f			
	Conditions, if eny, which (b)	V			
	gave rise to immediate cause				
	(e), steting the underlying cause last.				
Z	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1	(a) 19 WAS ALITOPSY
일	The state of the s				PERFORMED?
2					YES NO
CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRI	BE HOW INJURY OCCURED. (E	nter neture of injury in Part I or Part I	I of item 18.)	
	CAUSE OF DEATH.				
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer   2Dd. I		CE OF INJURY (Home, farm,   20f. (	City or town) (Count	y) (State)
E E	Hour a.m. While	Not While fect	ory, street, office bldg., etc.)		
₹ .	pinni				
	21. I certify that I took charge of the rem	ains described above, he	ld an Autopsy , Inspection	on Inquiry X.	and in my opinion
	death resulted from: Natural causes	Accident, Suic	de Homicide	Undetermined manner	
	1 6		CHIEF MEDICAL EXAMINER		
	ACTUAL 1	waters	M.D. ASSISTANT MEDICAL EXAM	MINER	DATE SIGNED
	SIGNATURE MANA	noces acc.	M.D.  DEPUTY MEDICAL EXAMINI		10-
	EXAMINER'S FLANK T. B.	h 1 - 1   2		0-4-	0 2
220	BORTAT, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	Address (Street, city, town,	OR COUNTY)  CATION (City, town, or country)	(State)
10	REMOTAL (Specify)- 2 /4 /42		_		
	emation 2/6/62	Ft.Lincoln		.Geo.Co., Mar	
23.	FUNERAL DIRECTOR	ADDRESS Wash	90.00	ISTRAR   246. REGISTRAR'S SIG	NATURE
Th	e S.H.Hines Co.,2901	14th St. N.	N. DATE FEB 7	162 arthur 8	W
				- Common A	/ Laura

funeral executed within 24 hours after 175 H by th certificate be and physician please C The law requires that the death attending Then ova PHYSICIALY: "The hospital or attending physician, the hospital or attending physician." RECTOR: After this certificate has been signed by hould be detached for use as the burial-transit permi use as the burial-transit prior OR death. Page 4
TO FUNERAL
director, page
be filed with th HOSPITAL VR A15 (4) 15M 7/61

**DIVISION OF STATISTICAL RESEA** STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02016 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased kived, If institution; Residence before admission a. COUNTY Montgome ry Mary land MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest 1311 ver odside Park) Spring Woodside Woodside Park) Silver Spring ears. d. NAME OF HOSPITAL OR INSTITUTION (if no In hospital, give street address) Fairview Road Fairview 3. NAME OF Middle DECEASED Ethel Rosetta February (Type or print) Burdine DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 55 yrs. Months female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Washington, D.C. At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alfred H. Burdine Mary E. Lytle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 9008 Fairview Road (Yes, no, or unkown) | (If yes give war or detes of service) P. Casbarianno ver Spring Mary 18. CAUSE OF DEATH [Enter only ona cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heert Visecse geve rise to immediata cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY 20e. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Pert I or Pert II of item 18. OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, Month, Dey, Year 20f. (City or town) (County) factory, streat, offica bldg., atc.) While Not While at work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from 1947 to Feb 5, 1963 that (1) (we) last 19.6. and that death occurred at 7.1. M, from the causes and on the date stated above. saw the deceased alive on... SIGNATURE ATTENDING MED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION. 23d. LOCATION (City, town or county) Glenwood Cemeterv Washington, D.C. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE The S.H. Hines Company

Montgomery

Dev

U.S.A.

IS RESIDENCE ON A FARM?

YES NO

19 62

PERFORMED? NO X

(Stata)

22b. DATE

SIGNED

IF UNDER 24 HRS.

Many letter . Many menty French Heville (Mrsq enfaboom) . suson 1 Special Horacter Randing addaged family - AE | 00:2/12/11 3 White ton A. E. . . U.S. A. Mary E. Lyck no Jennal F. Combertan-Silver Spring, Mary Land

20 1 1 1 1

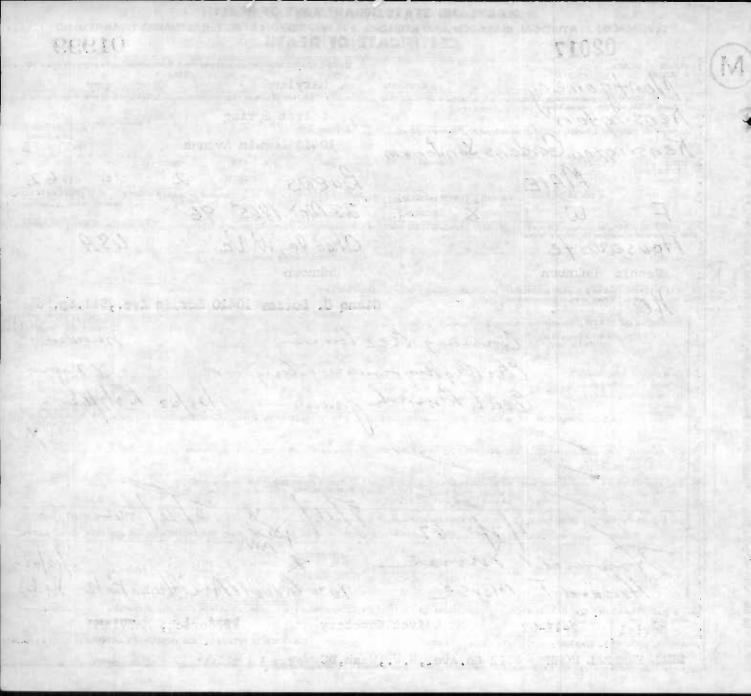
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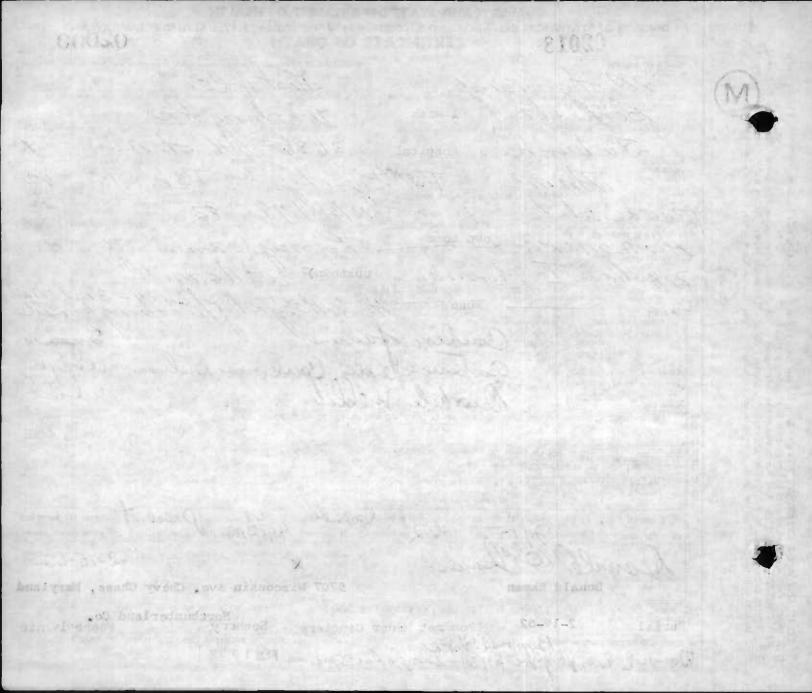
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MARYLAND STATE DEPARTMENT OF H

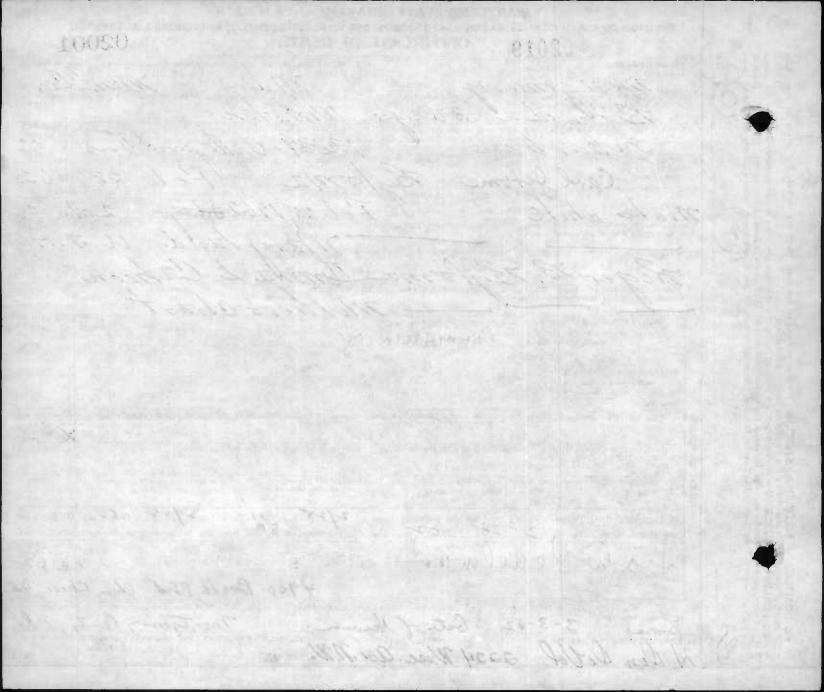
EALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01999 02017

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  a. STATE  b. COUNTY
Montgomery MARYLAND	a. STATE B. COUNTY Maryland Montgomery
b. CITY OR TOWN Moutside corporate thits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Aware RURAL add give nearest lower	2   Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
P 1 1 0 1	ON A FARM?
Mensington Gardens Sanibrium	
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print)	BUP115 DEATH 2 10 1962
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
F (1) WIDOWED DIVORCED	28 Mor. 1965   Set birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUSTR	7000
done during most of working life, even if retirad)	01.0.1111
Mousewife	14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME	
Dennis Unknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	
(Tas, no, spanish n) (Inyes give war or delas or service)	Henn C. Dorsey 10410 Lorain Ave., Sil. Sp. Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	elución pualles.
IMMEDIATE CAUSE (a) Cornery City	e course
DUE TO DUE TO	- 10
171	soules I linguard 17 yrs
gava rise to immediate causa (a), stating the underlying DUE TO	1 1 4 11.1
causa last.	Aremon 1/29/62 1/2/162.
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DE FLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO X
0	2. (Enter nature of injury In Part I or Part II of item 18.)
20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OP. CONTRIBUTING CAUSE OF DEATH OF LITTLE STATEMENT OF LITTLE STATEMENT.	. Line liaide of many in refer to refer to from to.
THE STATE OF INTUINE AND A STATE OF THE STAT	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	tory, streat, office biog., atc.)
p.m. 19 at work of work	
21. I certify that (i) (this hospital) attended the deceased from.	7/1/, 1935, to 2/10/, 1962, that (I) (we) last
1/24	death occurred at 35 m, from the causes and on the dete stated above
222 SIGNATURE	22b, DATE
Itania de moise	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 7/10/1/2
22c. PHYSICAN'S	22d. ADDRESS, O
NAM Tourd / Morse	7030 CarrollAvelabroma link M&
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Spacify)	emetery Frederick, Maryland
BUTIAL Z-12-02 INC. SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
DEAL FUNERAL HOME 4812 Ga. Ave., N.W., V	Wash, DC DATE FR 1 4 '62 Chiller S. Thous





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY e. STATE b. COUNTY MARYLAND the 12 b. CITY OR TOWN (if outside exporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 . IS RESIDENCE INSTITUTION (if not In hospital, give street addess) d. STREET ADDRESS ON A FARM? YES NO. DATE papers. 3. NAME OF Middle DECEASED OF (Type or print) DEATH 19 DATE OF BIRTH IF UNDER 24 HRS. 5. SEX COLOR OR A AGE (In years | IF UNDER 1 YEAR 9. NEVER MARRIED last birthdey) and Months WIDOWED ever USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) 13. FATHER'S NAME MOTHER S MAIDEN NAMI ding 0 affend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or un own) | (Ifyesgive weror detes of service) 18. CAUSE OF DEATH (Enter only one cause par line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause last. certificate ha PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY ATION PERFORMED? 35 NO F 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING \_ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., etc.) While Not Whila Hour a.m. et work | et work 19.6.2, that (I) (we) last 19.6~ 21. I certify that (I) (this hospital) attended the deceased from..... and that death occured at S.P.M. from the causes and on the date stated above. saw the deceased alive 226 SIGNATURE ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. O HOSPITAL death. Page 4 22d. ADDRESS PHYSICIAN'S 22c. NAME (Type) director, I 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county REMOVAL (Specify) OH 25e. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) 15M 9/60



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the hearith of the death of the law requires that the death certificate be executed within 24 hours after may be retained by the hearith of the law requires that the death certificate be executed within 24 hours after may be retained by the hearith of the law requires that the death certificate be executed within 24 hours after may be retained by the hearith of the law requires that the death certificate be executed within 24 hours after may be retained by the hearith of the law requires that the death certificate be executed within 24 hours after may be retained by the hearith of the law requires that the law requires the la by the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled a director, page 5. Could be detached for use as the burial-transit permit. Then please remove carbon papers. Page 5. De filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at

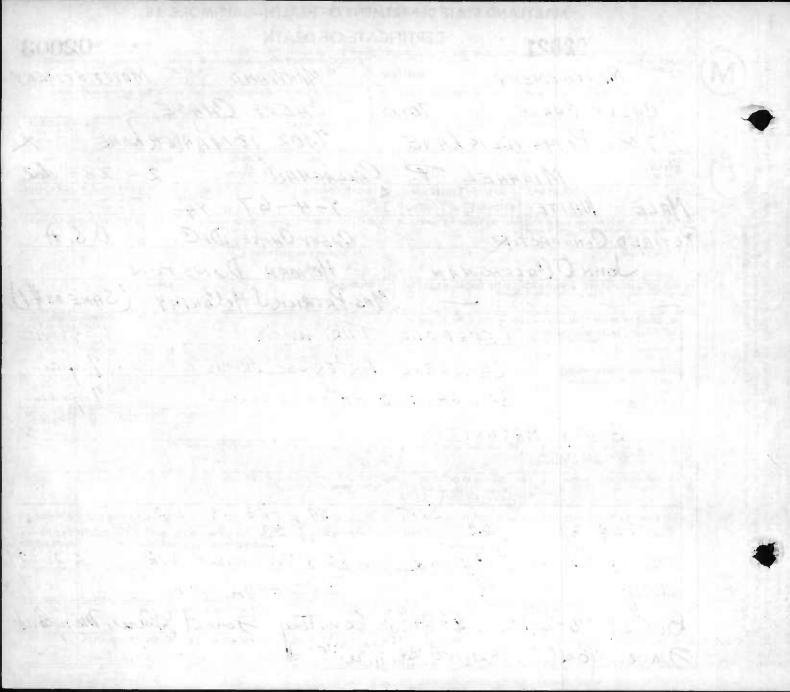
## MARYLAND STATE DEPARTMENT OF HEALTH

m.e	KILAND STATE DEPARTMENT OF NEALTH	
DIVISION OF STATISTICAL RE	SEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	TIMORE 1, MARYLAND
02020	CERTIFICATE OF DEATH	02002

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If Institution, Residence before edmission)
o. STATI 6. COUNTY
MARYLAND NO //ON/GOWELY
b. CITY OR TOWN (If outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporeta limits, write RURAD and give neerest town)
(hov//hasel)//200 131/1-5 - Cheby Chase 1/1//age
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS
ON A FARMI
#8 W LENOX ST #8 WILENOX SI YES NOW
3. NAME OF First Middle Last 4. DATE Month Day Year OF
(Type or print) Rathetino ACNES DULNE DEATH Feb 23 1962
11911 - 201
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.    January   Janu
WIDOWED DIVORCED DEC 25/8/5 868/17 yrs.
10a. USUAL OCCUPATION (Giva kind of work   10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (County & Stata, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, avan if retired
UNEMPIOYER DESEYCITY /V.V.
14. MOTHER'S MAINE
DATICK DITNE
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
(Yes, no, or unkown) (Ifyasgivewerordatesofsarvica)
NONE GRACET CAUFIELS * PW. LENOX ST
18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).]
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6)  RID + UL- & A & GONIINA A AOL+IC A MEULISSII
IMMEDIATE CAUSE (6) RUD TULLE 4 AS GOTOTA OF MOTITOR TO THE CAUSE (A)
DUE TO
Conditions, if any, which is (b) Atterio Scierosis
gave rise to immadiata ceuse
(e), stating the underlying DUE TO
ceuse last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
OSTED-ATTHIS. YES NO I
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.)
[ ≥ OR CONTRIBUTING □ CAUSE OF DEATH
ZOC. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
Hour a.m. While Not Whila lacinty, straat, office blogs, alc.)
p.m. 19 at work at work
21. Lecreify that (I) (this hospital) attended the deceased from 100 15 1964 to 100 1962 that (I) (we) last
saw the decreased Afve on Feb 20 19.62 and/that death occurred at 12 MM, from the causes and on the date stated above.
ATTENDING MED STAFF SIGNED
M.D. PHYS. PHYS. PHYS. 1704-201962
22c. PHYSICIAN'S
NAME (Typa) Philip A (AN) FIELD 2701 COND AVE. N.W. WASH D.C
23a. BURIAL, CREMATION, 23b. DATE THEREOF / 23c, NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (Stata)
REMEDYAL (Spacify)
DURIA 2-22-62 St. MARY CEMETERY KOCKWILLE 11/4
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS DE LES LES LES LES LES LES LES LES LES LE
V. Den WEVel 2224 Wis aux n. W. DATE FEB 23 '62 arthur S. Kraus
II DATE MALE IN THE PROPERTY OF THE PARTY OF

THE STATE OF THE S THE SHOP OF THE SALES 13 Manual Colores St -13 W/07 D 8 # 3-125 1875 m 17 Lessen All Comments We while here As the west of the The second of the second second Rup to a de proposado de sus quito Literal Scheretis Ostere Author tisms THE 22 C 162 TO 18 William Colored Later and Later and Colored Colored THE ECAPLES AND TOTAL CORE SERVICE WAS SE if son idelos don't we do no

	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE	, 18
	02021 CERTIFICA	ATE OF DEATH	Reg. Dist. No()2002
M)	1. PLACE OF DEATH O. COUNTY MONTG-CMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If ins a. STATE MARYLAND) b. COU	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  CHEVY CHASE  7CYRS	c. CITY OR TOWN (If outside carporate limits, wr	E
X	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION  3C2 POMANDER KAINE	1 d. STREET ADDRESS POMANI	e. IS RESIDENCE ON A FARM? YES NO
()	3. NAME OF DECEASED (Type or print)  NICHAEL  Middle  P.  C	ALLAGHAN 4. DATE OF DEATH	Z - 28 - 196-2
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	9-4-67 94	yrs. Manths Days Haurs Min.
	18a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRIED CHTCACTOR	CHEUY CHASE, D. C.	12. CITIZEN OF WHAT COUNTRY
,	JOHN O'CALLAGHAN		TON
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war ar dates of service)	RS: PATRIER S. Me CARTH	Address (SAME AS#1
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)  EREBRAL	THROMBOSIS	INTERVAL BETWEEN ONSET AND DEATH 3 MONTHS
	Canditians, if any, which) (b) CEREBRAL	ARTERIOSCLEROSIS	7 years
	gave rise to immediate cause (a), stating the under-lying cause last.  DUE TO CENERALIZED	ARTERIOSCLEROSIS	7-years.
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES . NO 12
	OR CONTRIBUTING C CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18	)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to face the street of wark 19 at wark 19	ACE OF INJURY (Hame, form, 20f. (City ar tawn) tary, street, affice bldg., etc.)	(County) (State
	21. I certify that I attended the deceased from SEPT. alive an FEB: 37, 1942, and that death	U: 30 H:	that I last saw the deceased and an the date stated above
	ACTUAL J. Blaine Fizgerald	ADDRESS (Street, city or the Sala Wisconsin A	
1	PHYSICIAN'S/ NAME (Type)	BETHESDA, MD	,
	220 RURIAL, CLEMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	ROBEMATORY 22d. LOCATION (City) to Complexy Forest	Slew, Marylan
R	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SULLS 3821-144 St. )		REGISTRAR'S SIGNATURE



# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL PECTOR: After this certificate has been signed by the attending physician and completely filled to by the funeral director, page 5 build be detached for use as the burial-transit permit. Then please remove captorn papers. Page and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, withing 72 hours all deaptorn.

VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0202 CERTIFICATE OF DEATH 02004

	ACE OF DEATH					2. USUAL RESIDEN	CE (Where d	leceesed lived, If b. COUN		sidence be	fore edmission)
	ontgomer	77		MARY	LAND	Maryland	1	B. COUN	Montgo	merv	
b. 6	CITY OF TOWN (i	foutsida corporata lim give neerest town)	its,	c. LENGTH OF STA		c. CITY OR TOWN (		porala limits, write		- 4/	st town)
В	ethesda			48 days	3	17 Takoma F	ark				
d.	NAME OF HOSPIT	AL OR INSTITUTION	(if not in ho	spital, give street addre	ess)	d. STREET ADDRESS				0.	IS RESIDENCE
		al Center,	Beth	esda 14, Mo	d.	7711 Gre	enwood	d Avenue		YE	ON A FARM?
	AME OF CEASED	Firs	i .	Middle		Last	4. DATE	Month		Dey	Yeer
(Ту	(pe or print)	Claren		Reese		Campbell	DEATE	T. C.D.T. Cran		19	19 62
5. SE	X	6. COLOR OR RACE	7. MARRI	ED X NEVER MARRIE	D □ B.	DATE OF BIRTH	1	9. AGE (In yeers lest birthday)			INDER 24 HRS.
Ma	ale	White	WIDOW	ED DIVORCE	000	ctober 1, 19	941	20 yrs.	Months Da	nys Ho	ours Min.
1De. I	USUAL OCCUPATI during most of wo	ON (Give kind of working life, even if retir	k 10b.	CIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Coun	nty & State, or	r foreign country)	12. CITIZ	EN OF WI	HAT COUNTRY?
	ofer			Roofing		Virg	ginia		J	J.S.A	
	ATHER'S NAME					14. MOTHER'S MAIDEN					
CI	arence E	verett Cam	pbell			Lottie B.	Cash				
15. W	AS DECEASED EVI	R IN U.S. ARMED FO	RCES?   16	SOCIAL SECURITY NO	O. 17. II	WEORMANT The M	Medica.	I Records			
No.		yesgive war or dates of		24-48-254	The	OClinical (	Center	, Betheso	da 14,	Mary	land
		EATH [Enter only on	e ceuse per	line for (e), (b), end (c	).]			1-1-2			AL BETWEEN
		WAS CAUSED BY:	Pul	monary Insu	ffier	CY					AND DEATH
	610	DUE TO		4		- V					
c	onditions, if eny	, which (b	IInd:	ifferentiat	ed to	mor primary	in Pr	netota a	Land		
	eve rise to immedia	10		LII OI OII OI A	rea or	ATTOL PLANICITY	411 4.1	obvave g	141111		
	a), steting the ur	nderlying SUB-10		n Pulmonary	Moto	nat agas				7 370	2033
_ =	euse lest.	J X:					NAL DISEASE	COMPLETION	PALIA DARY		ear
CERTIFICATION	PARI II. OTHER	SIGNIFICANT COND	IIIONS CO	NIKIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	ENINPARII		PERFORMED?
SHE 2D	De. ACCIDENT WA	AS UNDERLYING  CAUSE OF DEATH	2Db. DE	SCRIBE HOW INJURY	OCCURED.	(Enter nature of injury in	Pert I or Pert	II of item 18.)			
	EITHER, NOTIFY	MEDICAL EXAMINER									
WEDICAL	Oc. TIME OF INJU	RY Month, Dey, Ye	er 2Dd. Whi			E OF INJURY (Home, farm		ty or town)	(Count	у)	(Stete)
WEI	p.m.	19		rk at work						TRU	
21	. I certify t	nat (X) (this hosp	ital) atte	nded the deceased	from.J	anuary 2 7	1962, to	Februar	y1,9196%	Sa, that	(4) (we) last
sa	aw the deceas	ed alive on Eet	ruary	19. 19. 62., а	nd that	death occured at	.p. M. from	m the causes	and on th	e date s	stated above.
22	2a. SIGNATURE	1 0 %	n O			ATTENDING	MED.	STAFF			22b. DATE
	11/	that the	eld		M.I	PHYS.	DIRECTOR [	PHYS.			
22	2c. PHYSICIAN'S NAME (Type)	Michael	1 704 - 1	3	3.6	22d. ADDRESSThe	e Clin:	ical Cen	ter, 1	Vatio	nal
		MICHae.	r rie	_0	М.	Institute	es of 1	Health,	Bethes	da 14	. Md.
23a. I	BURIAL, CREMATION	9N, 23b. DATE THE	AEGF 2	23c) NAME OF CE	metery of	MOLLAN HOLDS	23d. LOC	ATION (City, to	so Av	2/	State 1/Q.
24 FU	INERAL DIRECTOR	S SIGNATURE		ADDRESS)	1	2Se. REC	C'D BY REGIS	STRAR 25b. REG	GISTRAR'S SI	GNATURE	
111	14104	ambera	Pos	Washen	stor	1 DATE FE	EB 2 3 '6	62 0	ritury &	Kraug	
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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after		this certificate has been signed by the attending physician and completely filly by the funeral	d for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should	0 % L
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tificate		sician a	поме	r even
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death		guipu	please	ni bue
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uires	the hospital or attending physician.	yd by	permi	, or re
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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02005 02023

1. PLACE OF DEATH  • COUNTY  Montgomery		e. STATE Marvl	CE (Where decessed livad, If b. COUN	ATY	
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		of 11C1  If outside corporeta limits, write	Montgo	W
Write RURAL and give nearest town) Bethesda	- 47 -	\ \ - \ - \ \ - \ \ - \ \ \ - \ \ \ - \		o Kokat olia give lie	10 11 17
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	262 hrs.	Bethesd  d. STREET ADDRESS	a		e. IS RESIDENCE
Suburban	nor, give shoot eadiess;	185 Seven	Lock Road		ON A FARM?
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey	Yeer
(Type or print) Virginia		Claggett	DEATH Feb	ruary 18,	1962
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   8	. DATE OF BIRTH	9. AGE (In yeers last birthdey)	Months Deys	Hours   Min.
Female Negro WIDOWED	DIVORCED _	April 22, 1	90 <b>'9</b> 52 yrs.	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Domestic	ND OF BUSINESS OR INDUSTR		nty & stelle, or foreign country)	U.S.A	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
George Howard		Eliza	heth ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. 5	OCIAL SECURITY NO.   17.		Address	Bethesda	Md
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	Fm	nest Classet	t(son) 185 Sev		
18. CAUSE OF DEATH [Enter only one cause per list PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CON-	Thricale	whiche	and disea	ONS  /EN IN PART 1(e) 19	7,00
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	, (Enter neture of injury in	Pert I or Pert II of item 18.)		
Hour a.m. While		CE OF INJURY (Home, farr lory, street, office bldg., etc		(County)	(Stele)
21. I certify that (I) (this hospital) attend	led the deceased from.	2-16	19,63 to 2 - 18	, 19.4.7-th	at (I) (we) last
saw the deceased alive on2-17	19.62, and that	death occured at 1.	M, from the causes	and on the dat	e stated above.
22e. SIGNATURE	8:00	20000	MED. STAFF	1	226. DATE SIGNED - 18 - 6 2
22c. PHYSICIAN'S NAME (Type)	, "	22d. ADDRESS		, , , , , , , , , , , , , , , , , , ,	-15-02
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL SPECIFY 2/21/62	23c. NAME OF CEMETERY Lincoln Memo		23d. LOCATION (City, to Washington,		(State)
Robert L. Snowden.	Rockville,	Md . DATE	C'D BY REGISTRAR 256. RE		

7.15 .... L. L. Hall eril as, 1009 . to short moved to those of the oil of the said the wall to have dear on in you e / reve La cola temperal., Company D. C. the contraction of the contraction Monort L. Underten.



# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02024

1.	PLACE OF DEATH			2. USUAL RESIDEN	NCE (Where deceased live	red, If institution: Re	esidence before admission)
	a. COUNTY	Montgomery	MARYLAND	e. STATE	D. C. b.	COUNTY	/
		foutsida corporate limits, give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limit	s, write RURAL and	give neerest town)
	Bethesda	Rural) AL OR INSTITUTION (if not in	8 days	Washi	lngton	47	X - 3
		Naval Hospital		1316 T St	treet SE, Ap	t. #1	YES NO X
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Year
	(Type or print)	Arthur	(n)	Clemons	DEATH F	ebruary 1	1962
5.	SEX	6. COLOR OR RACE 7. MA	RRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In last birt)	years IF UNDER 1	
1	Male	Caucasian wind		November 19,		yrs. Months D	Pays Hours Min.
10a do	ne during most of wo	ON (Give kind of work   10 rking life, even if retired)	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	inty & State, or loreign co	untry) 12. CITIZ	ZEN OF WHAT COUNTRY?
I	Retired Na	val Officer		New Yor	rk		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	Fred Cleme			Hattie De	enure		
		R IN U.S. ARMED FORCES? yes give were rdetes of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	^	Address	
	Yes	WW I WW II	W	lfe: Mrs. Pa	auline Clemo	ns, Same	as #2
		EATH [Enter only one cause	per line for (e), (b), end (c).]				INTERVAL BETWEEN
	PART I. DEATI	H WAS CAUSED BY:	enocarcinoma Rig	ght Colon Wit	th Metastase	S	ONSET AND DEATH
	153.	DUE TO					
	Conditions, il eny	, which ) (b)					
	gave rise to immedi	ote ceuse			The state of the s		
	(e), stating the us	derlying (c)					
z	PART II. OTHER		CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITIO	ON GIVEN IN PART	1(e)   19. WAS AUTOPSY
CERTIFICATION							PERFORMED?
IFIC,	200. ACCIDENT W	AS UNDERLYING     20b.	DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in	Pert I or Pert II of item 1	8.)	1.00
L CERT		CAUSE OF DEATH					
MEDICA	Hour e.m.	V		ACE OF INJURY (Home, fer tory, street, office bldg., et		(Coun	ity) (State)
		nat (K (this hospital) at	tended the deceased from.	Feb. 11	1962., toFeb	18., 19.6	2, that (1) (we) last
11			18,19.62, and tha				
	22e. SIGNATURE			ATTENDING	MED. STAFF	THE RESERVE	22b. DATE SIGNED
	M. 6	· lor sen	ren/		MED. STAFF PHYS.		uary 19, 1962
	22c. PHYSICIAN'S NAME (Type)	91		22d. ADDRESS			
	NAME (Type)	M. C. JORG	ENSEN LT MC USN	U. S. Na	aval Hospita	1, Bethes	sda, Maryland
234	REMOVAL (Specify)		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (C	ity, town or county	) (Stete)
	Burial	2-21-62	Arling	ton National	Arl	ington, V	irginia
24	FUNERAL DIRECTOR	Saspho Som	ADDRESS	25a. RE	EC'D BY REGISTRAR 25	b. REGISTRAR'S S	GNATURE
		h & Sons, Hyat	ctsville, Md.	DATE	EB 21 '62	Chillun S.	Trans
-							

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DIVISION OF STATISTICAL RESEARCH	AND RECORDS	PARTMENT OF A PRESTOR OF DEATH	N STREET,	_	E 1, M	ARY	280	)7
PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDEN  • STATE  Alasi		eased livad, If in b. COUNT		Rasideno	e before e	dmissio
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  Bethesda	ENGTH OF STAY IN 16	c. CITY OR TOWN		rate limils, writa	RURAL ar	d give r	3	n)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), The Clinical Center, Bethesd.		d. STREET ADDRESS		ddress)				SIDENC FARM NO 5
NAME OF First DECEASED (Type or print) John	Middle George	Coffin	4. DATE OF DEATH	Month	y 7.	Day	Yeer 19	62
	NEVER MARRIED 3	July 12, 19	59	AGE (In years last birthdey)  2 yrs.	F UNDER Months	1 YEAR Doys	IF UNDER Hours	24 HRS Mln.
a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	F BUSINESS OR INDUSTI			oreign country)	12. CI	TIZEN O	WHAT C	OUNTR

1-							
1	a. COUNTY	ntgomery	MARYLAND	e. STATE Alas	ICE (Whera daceased livad, If i b. COUN		dence before edmission)
-	b. CITY OR TOWN	(if outside corporale limits			(If outside corporate limits, writa	RURAL and gi	ive neerest town)
	Beth	d give neerest town)		Noor		- 88 x	. 3
-	d. NAME OF HOSP	TITAL OR INSTITUTION (if	not in hospitel, give street eddress)	d. STREET ADDRESS		90.0	. IS RESIDENCE
		cal Center,	Bethesda 14, Md.	( No	street address)		YES NO
3	NAME OF DECEASED (Type or print)	First	Middle	Lest	4. DATE Month OF DEATH Fohmung		Day Yeer
-		John		Coffin	repruar	-W	19 62
13	S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdey)	Months Dey	
	Male	Yellow	WIDOWED DIVORCED	July 12, 19	59 2 yrs.		
1	Oa. USUAL OCCUPA done during most of w	TION (Give kind of work rorking life, even if retired	106. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Cou	nty & State, or foreign country)		N OF WHAT COUNTRY?
	Child		None	Alasi	ka	U.S	S.A.
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
7	Edward	Coffin		Mary L	ou (Unknown)		
		VER IN U.S. ARMED FORCE		INFORMANT The	Medical Record	8	
1,	NO	(11 Aaz Bi Aa Mai Ol Galaz Ol 28)	None The		enter, Bethesda		aryland
-	18. CAUSE OF	DEATH [Enter only one	ceuse per line for (e), (b), and (c).]			, ,,,	INTERVAL BETWEEN
1	PART I. DEA	TH WAS CAUSED BY:	Cardiac arrest			- 24	2 hours
	0	IMMEDIATE CAUSE (a)_	ourard arross				Z nours
	1 2 2	DUE TO	Decement o			3 4 3	7 dam
	Conditions, if an		Pneumonia				1 day
	(a), steting the	DIE TO					/-
	ceuse lest.	(c)_	Hand Shuller Chri				2 1/2 year
1 2	PART II. OTH	ER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(e	19. WAS AUTOPSY PERFORMED?
- F	3						YES NO
CEDITIES	20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF	VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURED	D. (Enter neture of injury in	Part I or Pert II of item 18.)		
MEDICAL	20c. TIME OF INJ	URY Month, Dey, Yaer		ACE OF INJURY (Home, fer		(County)	) (Steta)
Ì	Hour e.m.		While Not While fac	tory, street, office bldg., et	c.)		
3			, – – ,	Toma 02	10 60 77-3	2006	2
	21. I dertify	that OK (this hospita	ai) attended the deceased from.	J.une 25	1900 loRepruar	A 1 3 3 0 5	, that (M (we) las
	R A	ased alive on PDD	ruary, 7, 1962, and that	t death occured aQ.	15MM from the causes	and on the	
	220. STONATURE	71 90	ver to 1	ATTENDING	MED. STAFF		22b. DATE SIGNED
	IVEC	) · DA · \	o lier "		DIRECTOR PHYS.	2/3	10/62
	22c. PHYSICIAN'	1		22d. ADDRESS	ne Clinical Cen	ter. Na	ational
	NAME (Typ	George H.	Porter, III, M.D.		s Of Health. B		
2		TION, 236. DATE THERE	OF 23c. NAME OF CEMETERY		23d. LOCATION (City, tov		(Stete)
	MOVAL (Special	2-13-	62 Washingto	Material	duittan	1 m	and and
2	4 FUNERAL DIRECTO		ADDRESS	25e. RE	C'D BY REGISTRAR 25b. REC	SISTRAR'S SIG	NATURE
	21.20.1	Manchers 6	6.8655- Ha. ave.	A A med	10.100	Ulun S. TU	
		10001110	0	DATE	1000		

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# by the funeral OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after RECTOR: After this certificate has been signed by the attending physician and completely fille should be detached for use as the burial-transit permit. Then please remove carbon papers. Pay State Dept. of Health prior to burial, cremation, or removal, and in any event, with processing the contents of the contents of

TO HOSPITAL C death. Page 4 gr IO FUNERA? director, page be filed with the

VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02008

a. COUNTY	a. STATE b. COUNTY				
Montgomery MARYLA					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  Bethesda  C. LENGTH OF STAY I	IN 1b c. CITY OR TOWN (If outside corporata limits, writa RURAL and give nearest town)  Bethesda				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   o. IS RESIDENCE ON A FARM?				
The Clinical Center, Bethesda 14, Md					
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year				
(Typa or print) Rose (None)	Cohen OF DEATH February 27, 19 62				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.    Jast birthday   Months   Days   Hours   Min.				
Female   White   widowed X DIVORCED	August 21, 1903   58 yrs.   Months   Days   Hours   Min.				
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, avan if retirad)	ADUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY?				
Bookeeper Office	New York U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Jacob Wolf	Jennie Green				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unkown) (Ifyasgivawarordatasofsarvica)	17. INFORMANT The Medical Records				
NO 102-01-4109	The Clinical Center, Bethesda 14, Maryland				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: Acute Pulmonary	Embolus 45 minutes				
J- 2 0 DUE TO					
Conditions, if any, which (b) Recent acute myo	cardial Infarction 4 weeks				
gave rise to immediate causa (a), stating the underlying  DUE TO					
causa last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?				
Fulmonary fibrosis; adhesive pericar					
	CCURED. (Enter natura of injury in Part I or Part II of Itam 18.)				
20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED 2Dd. Whila Not Whila at work at work at work	Da. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, streat, office bldg., atc.)				
21. I certify that (1) (this hospital) attended the deceased	from February 12, 19.62 (February 27, 19.62 that (1) (we) last				
	that death occured at				
228. SIGNATURE ATTENDING MED. STAFF SIGNED 226. DATE SIGNED PHYS. DIRECTOR PHYS. February 28, 1962					
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS The Clinical Center, National				
Michael Field M.D	Institutes Of Health, Bethesda 14, Md.				
_REMOVAL (Spacify)	Bross. The New York, N.Y.				
Removal   Feb 28, 1962   Schwartz	Bros., Inc. New York, N.Y.				
Goldberg Funeral Home 4217 9th Stree	4 N 36 0 100				
dorang Laneral Home 451/ Acu price	t N.W. DATE MAR 2 62   Com & Kours				

abnotice and the state of the state of he of triest Center, de hoeste Mr. | Call Listory but Report (Manual Control of Section ) and the large to the state of t 125 anox (oc) .4.1.4 102-11-100 the Calendary rechested, the control of cuta u r i u Lu mir litroi vi... vi. roi vi roi vi... C: Ex - James A. C. Start Company of the Company of ر تاب المال ال المال ال ... The state of the same of t Andrewski tell 200 28, 1962 Johnston Bros., Lob. 1 1962 1978, L. V. 

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERA: TRECTOR: After this certificate has been signed by the attending physician and completely filled to by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours were death. VR A15 (4)

15M 7/61

	12027		Item 23b		G306 2	/9/62	iwk		UZ	JUU;	,
PLACE OF DEAT	H			2	. USUAL RESID	ENCE (Where			Residen	ce belore e	dmissio
Montgomer	v		MARYI	LAND	a. STATE	ORIDA	b. COU	MIA			1
b. CITY OR TOWN	it outside corporate limits	s, c.	LENGTH OF STAT		- 000		porata limits, writ	e RURAL a	nd giva	naerest tow	n)
Bethesda,	(Dumo 1)		20 days		TACI	COMMITT	73		48	YES	?
d. NAME OF HOSPI	TAL OR INSTITUTION (H	not in hospital	20 days	oss)	d. STREET ADDR	KSONVILI	45		1 2	e. IS RI	SIDEN
	L HOSPTIAL						0				FAR/
NAME OF	L HODE LIAG		Middle		RT ?	BOX 51	.8 Mont		Day	YES X	NO [
DECEASED					Last	OF			0		
(Type or print)	Ina		Raye		COKER	DEAT	FIID		2	19	
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	XX B. D	DATE OF BIRTH		<ol><li>AGE (In years last birthday)</li></ol>	Months	1 YEAR	Hours	24 HR
Female	Cauc.	WIDOWED	DIVORCED	8-	-25-52		Q yrs.	Monins	Days	riours	Min
	ION (Give kind of work		OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (C	County & State, o	or foreign country	12. CI	TIZEN O	F WHAT	OUNT
ne during most of w	orking life, even if retired		dent		Tackcon	וון פון	orida		TICA		
FATHER'S NAME		) Dou	each o	14	Jacksonv:		OI Ida		USA		-
Homeon No.	43 COVER										
Harvey Ne	ER IN U.S. ARMED FOR	CCC2   14 504	CIAL SECURITY NO		Mary R.	IXLESTE	Addres				
	If yes give were released se		CIAL SECURITY NO	). 17. INF	FORMANT		Addres	S			
No		-		(F)	Harvey Ne	AT CONT	R Same	as #	12 al	bove	
18. CAUSE OF					THOUT A C'A TAG	SIT COVE	Transfer Transfer				
	DEATH [Enter only one	cause per line	for (e), (b), end (c)		HOT AGA M	STT COVE	us Domine	,	INI	TERVAL BET	
	H WAS CAUSED BY	Con	for (e), (b), end (c)		haivey in	ask	die	100	INI	SET AND	
	H WAS CAUSED BY:	Cor	for (e), (b), end (c)		Ne	art	dese	ase	INI		
	H WAS CAUSED BY	Cov	for (e), (b), end (c)		Ne Ne	art	dese	are	INI		
PART I. DEAT 754 Conditions, if an	TH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO  y, which (b)	Cov	for (e), (b), end (c)		Ne.	art	dise	ase	INI		
PART I. DEAT  7 5 4  Conditions, if any gave rise to immed	TH WAS CAUSED BY, IMMEDIATE CAUSE (e)  DUE TO  y, which (b) liete cause	Cov	for (e), (b), end (c)		Ne.	art	dese	are	INI		
PART I. DEAT 754 Conditions, if an	H WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO  y, which (b) liete cause anderlying  DUE TO	Cov	for (e), (b), end (c)		Ne Ne	art	dise	are	INI		
PART I. DEAL  Conditions, if an gave rise to immed (a), stating the cause last.	H WAS CAUSED BY, IMMEDIATE CAUSE (e)  DUE TO  (b) Hotel cause Underlying  DUE TO  (c)	Cor	igeni	tal	Ne.	art	dise	are	IN ON	NSET AND	PEATH .
PART I. DEAL  Conditions, if an gave rise to immed (a), stating the cause last.	H WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO  y, which (b) liete cause anderlying  DUE TO	Cor	igeni	tal	Ne.	art	dise	are	RT 1(a) 1	19. WAS A PERFO	UTOP:
Conditions, if an gave rise to immed (a), stating the cause lest.  PART II. OTHE	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  y, which liete cause anderlying (c)  R SIGNIFICANT CONDIT	Cov	BUTING TO DEATH	HBUT NOT R	Ne.	art_	Alse CONDITION GIV	are	RT 1(a) 1	19. WAS A PERFO	UTOP:
Conditions, if an gave rise to immed (a), stating the cause lest.  PART II. OTHE	TH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  (b)  Out TO  (c)  R SIGNIFICANT CONDIT	Cov	BUTING TO DEATH	HBUT NOT R	Ne.	art_	Alse CONDITION GIV	are	RT 1(a) 1	19. WAS A	UTOP
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MARYLAND STATE DEPARTMENT OF HEALTH

BEREIT REVIEW

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CERTIFICATE OF DEATH 1. PLACE OF DEATH e. COUNTY a. STAT b. COUNTY MONTGOMER MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearast town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) THESDA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street 1-1050 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED (ast birthday) and WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work physician 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, evan if retired ELECTRONIC ENGINEER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding .5 pue aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Then (Yes, no, or unkown) | (Ifyesgive weror detes of service) ADDRESS 1942 106 16. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c). physic IMMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceusa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 0 CERTIFICATION as o Olynew 174 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20f. (City or town) Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. at work 21. I certify that (1) (this hospital) attended the deceased from February 12 to. , and that death occured at home, from the causes and on the date stated above. elergy 21 19.6 saw the deceased alive on 22% SIGNATURE ATTENDING MED. M DIRECTOR PHYS. PHYS. M.D. O HOSPITAL death. Page 4 22d. ADDRESS PHYSICIAN'S NAME (Type) Bladag Fitgerald director, I be filed v 23a. SURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0 Burla 2/26/62 Mount Calvary Funeral/33/ADDRESS ante ave 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL STIRBCTOR'S SIGNATURE VR A15 (4) Tyson Wheeler DATE FER 15M 9/60 Home

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL

2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)

MONTGOMER

. IS RESIDENCE ON A FARM? YES NO IN

AGE (In yeers | IF UNDER 1 YEAR Months Devs Hours

196 IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO .

(County)

(State)

22b. DATE

February 21, 1962, that (1) (we) last

SIGNED

23d. LOCATION (City, town or county)

(State)

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH COUNTY Monto	gomery		MARYLAND	2. USUAL RESID	Md.	b. COUN	YTY	gomer	
	b. CITY OR TOWN Write RURAL end	if outside corporete limi d give neerest town)	ts,	c. LENGTH OF STAY IN 16	C. CITY OR TOV	WN (If outside corp	orata limits, writ	e RURAL end gi	ve neerast to	wn)
		nery Gene:		pital, give street eddress)	d. STREET ADDR	silver S	pring			RESIDENCE A FARM?
	NAME OF	First		Middle	Last	4. DATE	Montl	h D	ey Yes	
	DECEASED (Type or print)	BAI	-	BOY COOK		OF DEATH	2	1	. 19	62
5.	male	6. COLOR OR RACE	7. MARRIE	I HETER MITARIES A	1/14/62		. AGE (In yeers lest birthday) yrs.	Months 18		R 24 HRS.
10a do	ne during most of we	TION (Giva kind of work orking life, even if retire	k   10b. Ki	ND OF BUSINESS OR INDUST		County & State, or	foreign country)		SA	COUNTRY?
13.	FATHER'S NAME				14. MOTHER'S MAI	IDEN NAME				
	I	Roland Co	ok		Alic	e White				
15.	WAS DECEASED EN	ER IN U.S. ARMED FOR	CES?   16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	3		
110	no	il Aez & LAE Met Ot Gelez Ot z	ervice)		Hospital	record	ls			
	1B. CAUSE OF	DEATH [Enter only one	ceuse per l	ine for (e), (b), end (c).}					INTERVAL BE	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	Ac	ute Tracheo	bronchiti	s and b	roncho		ONSE! AND	DEATH
	Conditions, if an geve rise to Immed (a), steting the couse lest.	inderlying DUE TO		eumonia					3 hou	ırs ———
CERTIFICATION		R SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIV	VEN IN PART 1(e	19. WAS PERF	ORMED?
-	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURE	D. (Enter neture of injui	ry in Part I or Pert I	l of item 1B.)			
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	JRY Month, Day, Ye	ar 20d. While	Not Whila fe	ACE OF INJURY (Home ctory, street, office bldg		y or town)	(County)		(State)
	21. I certify saw the decea	that (I) (this hospi sed alive on1,	tal) attended / 31/6	ded the deceased from 219, and that	1/14/62 3 t death occured	1:05am to.	2/1/62 the causes	and on the		
	220. SIGNATURE	und a.	Yal	La .	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	2	/1/62	b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type		rd A.	Yates, M.D.		ey, Mar	yland			
230	BURIAL, CREMAT	10N, 23b. DATE THE 2/2/6		23c. NAME OF CEMETERY Ash Memori	OR CREMATORY	23d. LOC	ation (city, to ndy Spr:			Stete)
24	FUNERAL DIRECTO	A's SUNTUR	roder	- Rookville,	FAM	REC'D BY REGIS		GISTRAR'S SIG		50

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Richard L. Wates, H. J. Chney, Marylan

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VR A15 (4) 15M 7/61

A CONTRACTOR OF THE PARTY OF TH	MARYLAND STATE DEPARTMENT OF H	EALTH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON ST	REET, BALTIMORE 1, MARYLAND
02030	CERTIFICATE OF DEATH	02012

a. COUNTY Montgome			2. USUAL RESIDEN  •. STATE  Md		b. COUNTY			
b. CITY OR TOWN (if	outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN			MONTGO RAL and give n		
	give nearest town)	2	111 0= 112					
d. NAME OF HOSPIT	AL OR INSTITUTION (il_not in	hospital, give street address)	d. STREET ADDRESS	rsburg,	Md.		e. IS RES	SIDENCE
	ry General H		Warfield	Rd., Rt	2			FARM?
3. NAME OF	First	Middle	Last	4. DATE	Month	Dey	Yeer	
(Type or print)	William	Riley	Cook	OF DEATH	2	15	196	2
5. SEX	6. COLOR OR RACE 7. MAR	URIED NEVER MARRIED 8	DATE OF BIRTH		E (In years   IF U birthday) Mo:	nths   Days	Hours	24 HRS. Min.
M		WED DIVORCED 2	// : :	8	4 yrs.			
	ON (Give kind of work king lile, even if retired)	. KIND OF BUSINESS OR INDUSTR			an country)	U.S.	WHAT CO	DUNTRY?
Lumber		Sawmill	North C					
James	Cook		Mary J	ane Hode	ge			
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address			-
(Yes, no, or unkown) (If	yes give wer or dates of service)		ospital re	corde				
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	EATH [Enter only one cause p		0	, ,	,		SET AND D	
	MMEDIATE CAUSE (e)	mitastatu	Concer of	seem	roh			-
1 1 5	DUE TO		0					
Conditions, 11 any								
gave rise to immedia (e), steting the un	DIJE TO							
cause lest.	(c)							
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general Part II. OTHER	rate e ail	Terisellians				Y	NAME OF TAXABLE PARTY.	NO TY
OR CONTRIBUTING	AS UNDERLANG   20b.	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of it	em 18.)			
			CE OF INJURY (Home, farm		own)	(County)	(	(Stete)
20c. TIME OF INJUIT		hile Not While lect	ory, street, office bldg., etc	.)				
			17AN 20	1962 10 F	eb 15	1067 11	~ (I) (	Jack (au
		ended the deceased from						
	ed alive on2/		death occured att.z.	1.9M, from the	causes and	on the da		DATE
220. SIGNATURE		1	111101101110		TAFF		22b.	SIGNED
(0)	meade	~ M		DIRECTOR PI	tys.		4	15/6
22c. PHYSICIAN'S NAME (Type)	G.F. MEA	DORS, MD	DA M	ASCUS	mo		/	
	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town or	county)	(Ste	ete)
REMOVAL (Specify) Burial	1	7	: 11 -	Layton	sville,	Marvla	nd	
24 FUNERAL DIRECTOR	2-17-62 'S SIGNATURE A	Laytonsv		DE BY REGISTRAR	1			
AT INGENIE DIRECTOR	2/2							
1	1/15 1/0	Laytons ville, 1	Id. DATE	EB 2 1 '62		Lug 2. 160		

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Appendix of the

VR A1S (4) 15M 7/61 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 32013

CERTIFICATE OF DEATH

	ONUUL				
1. PLACE OF DEATH a. COUNTY Mont	gomery	MARYLAND	2. USUAL RESIDENCE	CE (Where deceased lived, If I b. COUN	nstitution: Residence before edmission) TY
	outside corporate limits.	c. LENGTH OF STAY IN 16		ton, D.C.	RURAL and give nearest town)
d. NAME OF HOSPITA	L OR INSTITUTION (if not	in hospital, give streat address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Surb	urban Hosp	ital	3830 Harr	ison St. N.	YES NO
3. NAME OF DECEASED (Type or print)	EMMA	C. W. COR	NELL	4. DATE Month OF DEATH Feb.	Dey Yeer 3 1962
		ANGED   THE TER MURRIAGED	oct. 3, 187	last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Deys Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work   1	Ob. KIND OF BUSINESS OR INDUSTR		ly & Stele, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife  13. FATHER'S NAME		At Home	Kentuck	•	U.S.A.
Monroe W	Vigginton		Elizabet		
15. WAS DECEASED EVER	IN U.S. ARMED FORCES?		INFORMANT	Address	
(Yes, no, or unkown) (Ify	es give war or dates of service	none Mi	iss Mae Cor	nell.3830 H	arrison St. D.C.
	ATH Enter only one cause	per fine for (e), (b), end (c).]	1		INTÉRVAL BETWEEN
PART I. DEATH	WAS CAUSED BY:	Chebre 1/00	cular lica.	dent	ONSET AND DEATH
7 43	DUE TO		. 0		0
Conditions, if eny,		the La Lensin	ve (ancho	Voscular He	nione
geve rise to immediat	DIJE TO	111			
(a), steting the unc	(c)				
PART II. OTHER S		CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS	CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURED	D. (Enter neture of Injury in	Part I or Part II of item 18.)	
20c. TIME OF INJURY			ACE OF INJURY (Home, farm tory, street, office bldg., etc.		(County) (Stele)
p.m.	- 1/	ettended the deceased from.	1-4.62	19, 102 - 3	19.6.2 that (I) (we) last
	d alive on				and on the date stated above,
22e. SIGNATURE	. 10	// /		1.4.777 17 0171 1170 000000	22b. DATE
n	Albert la	chit "		AED. STAFF DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S	1201		22d. ADDRESS		
NAME (Typa)	illiam Fle	et Luckett	5000 Rm	m Reno Rd. M	I.W. D.C.
23a. BURIAL, CREMATIO REMOVAL (Specify) Removal	N, 23b. DATE THEREOF 2/4/1962	Reg thaven (		Louisville	
24 FUNERAL DIRECTORS	SIGNATURE 7 756	Pa. ANDORESS N. W.		D BY REGISTRAR 256. REC	
Jeseph &	awlers	Sous WAS/41	NOTON DATE SE	2 6 '62 C	whoma & thrank
0			D.C.		

Council at Botte

objected

Monroe Migginton

. O. a. not-midself a

Surpurban Hospital will - I - Seed Harrison St. H.V.

Sales C. W. Commission . Feb. 5 . Sales Sales

female white we will cot. 5, 1876 25 Mentucky U.S.A.

Silicaneta Cente

Mise Mes Cornell, Macon Marmison 9t. 0.0

William Fleet Luckett 15000 kms Leno Ad. N. D. E.

Sacrat States and Constant Logistics Ev. 12. Ev. 11.3.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND Montgomery b. CITY OR TOWN (it outside corporate limits, Maryland Maryland Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give nearest town) 80 yrs Dickerson Dickerson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS NAME OF First Middla 4. DATE Month DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country)

e. IS RESIDENCE ON A FARM? YES NOW X Day Year 1962 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OSCHIO 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Richard Cromwell, Dickerson, Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, (b) geve rise to immediate cause DUE TO (a), steting the underlying cause last PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY 20d, INJURY OCCURRED Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 19 21. I certify that (I) (this hospital) attended the deceased from through 19.62, that (I) (we) last to. .19.6.2, and thet death occurred at.7..A,M, from the causes and on the dete stated above, saw the deceased alive on..... 22b. DATE 220. SIGNATURE SIGNED ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) John G. Fawcett Boyds, Md. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Beallsville Burial Md. Monocacy ADDRESS 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Barnesville, Md. Unimy S. Thomas 3 DATE

VR A15 (4) 15M 7/61



by the funeral rand 2 should er death. A The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled director, page and completely for use as the burial-transit permit. Then please remove carbon papers. Page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at VR A1S (4) 15M 7/61

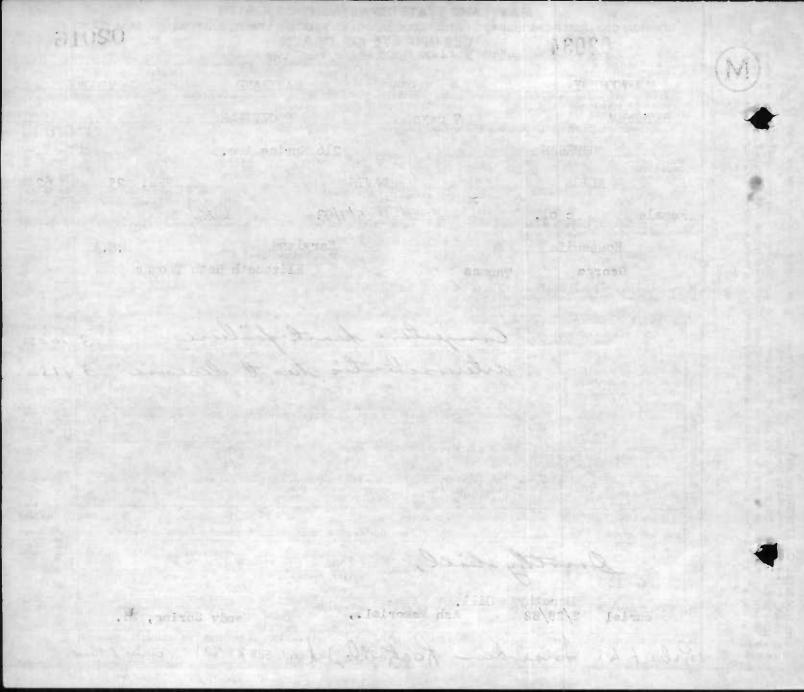
	DIVISION	۸ OF STATISTICAL	NAKTLA RESEARC	H AND RECOR	DEPAKIMENI DS. 301 W. PRESI	OF HEALTH	ALTIMO	RE 1, MAR	YLAND	
		02033		CERTIFICA	TE OF DEA	TH		02	2015	
	PLACE OF DEATH		Ites	s 8 & 9 F		NCE (Where decessed			e before admis	sion)
	21	tgomery		MARYLAND	a. STATE	ryland	b. COUNTY	Montgo	omerv	
		f outside corporate limits, give nearest town)	c. L	ENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate li	mits, write F	RURAL and give r	eerest town)	
	Bethes	da AL OR INSTITUTION (if no	A 1 - h 21 - 1		d. STREET ADDRES	thesda			a. IS RESIDE	NCE
				give sneet address)	A				ON A FA	RM?
3.	NAME OF	laple Ridge	Road	Middle	1 8202 Ma	ple Ridge	Roa Month	Dey	Yeer	
	DECEASED (Type or print)	Joseph		A	Cywinski	OF DEATH	Feb	1	1962	:
	SEX	6. COLOR OR RACE 7.	MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	LOO Jast h		UNDER 1 YEAR	Hours M	HRS.
_	'emale		UDOMED [	DIVORCED _	March 19,	14885 76	A year	1 1 2 2 1		
do	me during most of wo	ON (Give kind of work rking life, even if retired)	105. KIND O	F BUSINESS OR INDUS		unty & State, or fo end	( eountry)	12. CITIZEN O		HIKT?
13.	House FATHER'S NAME	wile			Poland			USA,	Nat.	
	Paul	Radcka			Mary					
		ER IN U.S. ARMED FORCES		AL SECURITY NO. 17.	INFORMANT		Address			
(11	No		161-	221-6304	John S. A	ywinski-I	lusba	nd-same	2 d .	
		EATH Enter only one can WAS CAUSED BY:	soper line for	r (e), (b), and (c).]	, Ray 11			INT	ERVAL BETWEE	H
		IMMEDIATE CAUSE (a)	resp	yarin	1 Jacay	oio		0	4201	No
	331	DUE TO	Phys	bal. 1/4	derille	4		9	don	10
	Conditions, if eny gave rise to immedi	ata cause	regi	ovac on	1 account	10		1	- any	-
	(a), stating the use cause lest.	nderlying (c)	tiler	vocleros	his - Cere	holy de	nela	hal 5	year	b
NO	PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE YER	MINAL DISEASE COND	TION GIVE	FIN PART 1(e) 1	WAS AUTO	PSY D?
KAT	Delpe	ated pre	nous	erebra	l'ascula	N accide	ente		ES NO	
GENTHICATION	OP. CONTRIBUTING	AS UNDERLYING   20 CAUSE OF DEATH MEDICAL EXAMINER)	Db. DESCRIBE	HOW INJURY OCCUR	ED. (Enter nature of injury i	in Part I or Part II of iter	m 18.7			
	20c. TIME OF INJU	1	1 20d INTUR	Y OCCURRED   200, P	LACE OF INJURY (Home, fa	arm, 20f. (City or tov	vn)	(County)	(Stet	e)
MEDICAL	Hour e.m.	19			actory, street, office bldg., a		1.			
		hat (I) (this hospital)	attended	the deceased from	12/3	1959 to 4	11	1962	nat (I) (we)	last
	saw the deceas	ed alive on 2/	1	1962 and th	at death occured at.	1.5M, from the	causes a	nd on the da	ite stated ab	ove1
	226. SIGNATURE	mille	mag	han	M.D. ATTENDING	MED. ST.		2		GNED,
	22c. PHYSICIAN'S NAME (Type)	MINT	oux.	TOOF	22d. ADDRESS	1 + 1/	n/ / / /	111	1/2	_
000		ON, 1.23b. DATE THEREO	6 Ja	PORE .	V OR CREMATORY	23d LOCATION	City Jaw	Wast	(Stete)	=
-	REMOVAL (Specify)			alvary Ce		Milli Ci Erie.	EEK.	Townsh: sylvan:	in (Sie	
-	FUNERAL DIRECTOR			ADDRESS	25a. F	REC'D BY REGISTRAR	25b. REGI	STRAR'S SIGNAT	,	100
K	obert A.	Pumphrey,	Beth	esda, Mary	land DATE	FEB 5 '62	C	inthus 2. Th	ander)	

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the buok	3202 Maple Micke		202 Maple Bidge No.	
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MARYLAND	STATE	DEPARTMENT	OF HEALTH
MINITERIN	SILVER	PAPE SALE RANGE LAND	At HISWALL

	MAKILAND	SIAIE DEP	ARIMENI OF	DEALID	
DIVISION OF STATISTICAL	RESEARCH AN	D RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
02034	CER	TIFICATE	OF DEATH		02016
02004	Item 9 F	ilm G308	3/2/62 iv	· le	
			II A THEFT SHOWS	COURSE CALLED IN CO. I.	Weight - Buildings before

a. COUNTY	1		a. STATE	b. COUN	TV
MONTGO	MERY	MARYLAND		RYLAND	MON TGOMERY
b. CITY OR TOWN (	if outside corporate limits, give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write	RURAL and give neerest town)
BETHESDA		7 days	09 RO	CKVILLE	
		of in hospitel, give street eddress)	d. STREET ADDRESS		. IS RESIDENCE
	OTENTO AM		03/ 0 :		ON A FARM?
3. NAME OF	SUBURBAN First	Middle	216 Spri	ng Ave.	
DECEASED	11131	Middle	FG91	OF	
(Type or print)	ALICE	DA'	VIS	DEATH FI	EB. 25 19 62
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years lest biglidey)	
Female	C Ol V	VIDOWED DIVORCED	5/7/03	58 Kg/ yrs.	Months Deys Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	rking life, even if retired)		22. 2		
	ousewife		Narylan		U.S.A
13. FATHER'S NAME				zabeth Beth Tho	
Ge	orge	Thomas	ELL	zabe di be di Ind	mas
5. WAS DECEASED EV	ER IN U.S. ARMED FORCE	S?   16. SOCIAL SECURITY NO.   17.	INFORMANT	Address	
(1es, no, or unkown) (	fyas give war or deles of serv	ice)			
1 18. CAUSE OF I	EATH (Enter only one ce	use per line for (e), (b), end (c).]			I INTERVAL BETWEEN
	H WAS CAUSED BY:	Congestive	1A	1. 0	ONSET AND DEATH
11.	IMMEDIATE CAUSE (e)	Congestion	mare	parene	3 mos
720	DUE TO	1 . 0	4.		
Conditions, if eny	which ) (b)	arteresseles	alic he	and disea	se 3415.
geve rise to immed	DI III TO				
(a), stetling the u	nderlying				
	SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE CONDITION GIV	YEN IN PART 1(a): 19. WAS AUTOPSY
2	SIGNIFICANT CONDITIO	THE CONTRIBUTION OF THE POST AND THE	of Keering to the tekn	MINTE DISERVE CONTINUES	PERFORMED?
3					YES NO !
PART II. OTHE	AS UNDERLYING   2	Ob. DESCRIBE HOW INJURY OCCURED	). (Enter neture of injury l	n Pert I or Part II of item 18.)	
(IF EITHER, NOTIFY	MEDICAL EXAMINER				
ZOC. TIME OF INJU	JRY Month, Dey, Yeer		CE OF INJURY (Home, fe		(County) (Stata)
20c. TIME OF INJU		AAIIIIA TAOL AAIIIIA	tory, straat, office bldg., e	ric.)	
p.m.	19	at work at work			
21. I certify	that (I) (this hospital)	) attended the deceased from.		. 19, to	, 19, that (I) (we) last
saw the decea	sed alive on		death occured at	M, from the causes	and on the date stated above
22a, SIGNATURE		1 1			22b. DATE
_ Test (\$1000)	0- 11	Bill	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S	7-00	7	22d. ADDRESS		
NAME (Type					
	Dorothy	Gill.			
		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
23a. BURIAL CREMAT	10N, 235./031E/HEREC	Ash Wemoria	109	Sander Sania	
23a. BURIAL CREMAT	1 2/28/62	23c. Name of Cemetery	109	Sandy Sprin	
23. BURIAL CREMAT REMOVABLES & B.	1 2/28/62	Ash Wemoria		Sandy Sprin	g, Md.
REMOVAD USP & B	1 2/28/62	ADDRESS	-10 1 25e. R	EC'D BY REGISTRAR 256. RE	g, Md.
REMOVAD USD & B	1 2/28/62			EC'D BY REGISTRAR 256. RE	g, Md.



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ours	the fu	ih.	
24 h	à	er dea	
within	fille	urs afte	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral language and the complete property of the control	director, page 3 stroug be detached for use as me burial, cremation, or removal, and in any event, within 72 hours after death.	
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certifica	hysicia	any ev	
death	ding p	nd in	
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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02035

CERTIFICATE OF DEATH

02017

1. PLACE OF DEATH a. COUNTY			E (Where decaased lived, If institut	Non: Residence before admission)
Montgomery	MARYLAND	"Maryland	b. county	tgomery
<ul> <li>CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)</li> </ul>	c. LENGTH OF STAY IN 16	-/	outside corporata limits, writa RURA	
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	37days.	52 Chevy Cha	se 15	a. IS RESIDENCE
	apriar, give arreer dooresa,		rland Avenue.	ON A FARM?
Suburban Hospital	Middle	Lost	4. DATE Month	Pey Yeer
DECEASED	Widdle	Lest	OF	
(Type or print) Irving	Maxwell	Day	DEATH Feb. 25	
5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED   B	. DATE OF BIRTH	9. AGE (In years IF UN last birthdey) Mont	
Male White WIDOW	ED DIVORCED	4/I/94	67 yrs.	
done during most of working life, aven if retired)	KIND OF BUSINESS OR INDUSTR			U.S.A.
Sales Engineer	Engineering	New YOU	rk State	0.0.2.
IN TAINER & BARK		14. MOTHER 3 MAIDEN	77776	
Maxwell Warren Day		Neldie I		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. (Yes, no, or unknown)   (Ifyasgive werer detes of service)		NFORMANT	Address	1-1-100
VES 1914-18 5	77-44-8008	Wyle-Doris	Dasame aa	
18. CAUSE OF DEATH Linter only one cause per	line for (e), (b), end (c).]	0		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	REWAL E	AILURE		3CHRJ
581.0 DUE TO				
	IRRHUSIS -	LIVER		SVRI
geve risa to immadiata cause				7
(a), stating the underlying DUE TO				
z PART II. OTHER SIGNIFICANT CONDITIONS CO	NATIONAL TO DE ATHER LET NO	A THE TO THE TENTH	AL DIFFAFF CONDITION CIVEN IN	DADT 1/- 10 WAS ALITODSY
PART II. OTHER SIGNIFICANT CONDITIONS CO.	NIKIBUTING TO DEATH BUT NO	THE TENTO	AL DISEASE CONDITION GIVEN IN	PERFORMED? YES NO •
PART II. OTHER SIGNIFICANT CONDITIONS CO.  200. ACCIDENT WAS UNDERLYING CO. DE. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pe	ert I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. Hour a.m. While we will be well as the second of the secon	leNot While fact	CE OF INJURY (Home, ferm, tory, street, office bldg., etc.)		(County) (State)
			1	
21. I certify that (I) (this hospital) after	nded the deceased from.	JAW, 1	955, to /- 15 B	, 19 <sup>C</sup> , that (I) (we) last
			2M, from the causes and	on the date stated above
22a. SIGNATURE			CD CTAFF	22b. DATE
( Che ) (10)	non m		ED. STAFF RECTOR PHYS.	S BY IC
22c. PHYSICIAN'S LEO ID	ONEVAH MID	22d. ADDRESS		7
NAME (Type)   P211 WILC	AVE 1	13 ETH. 1.	y MARYLAND	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (State)
Burial 2/28/62	Parklawn C			iaryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Ma	25e. REC'	D BY REGISTRAR 256. REGISTRA	
Robert A. Pumphrey,	Bethesda, Ma	ryland DATE	IR 9 '62 Links	A L. Thomas
	*	INVIE		

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Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY age a. STATE b. COUNTY MARYLAND M ontgomery Maryland
c. CITY OR TOWN (If outside corporate limits, write RURAL Montgomery b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Takoma Park a. IS RESIDENCE ON A FARM? 8 YES NO Suburban Sycamore 3. NAME OF Middle Month DECEASED (Type or print) DESTH Ernest Luther Daymude 9. AGE (In years 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5 SEX FUNDER LYEAR IF UNDER THES 8. DATE OF BIRTH last birthday) Months 67 66VIS. WIDOWED [ DIVORCED Male USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired 13. FATHER'S NAME page PM3 William Daymude with form P permit. File p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or detes of service) Jean C. Daymude 7131 Sycamore Ave. Tak. Pk. Md. 18-16-0421 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to Immediate cause DUE TO (e), steting the underlying 88 cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY Medical Expound Should be PERFORMED? NO 4 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief A Page 3 sl 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy 0 Inspection 0 Inquiry and in my opinion CAL rded DIRECT Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL should be for ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) Frank J. Brochart NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 g Burial Union Cemetery Rockville Montgomery Co. Md. ADDREST 34 Georgia Ave 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Warner E. Pumphrey. Inc. Silver Spring, Md. 5M 9/60 DATEFER 2 8 '62

RYLAND STATE DEPARTMENT OF HEALTH

ACTOR TO STREET FRANCISCO EN MANAGERO 8,2020 Start ago dal Taloga Prote Tigh Sydmants yes. .10° . 1818 . 00 There 5901280 done the same and the same rest particular and the second of the comment of the second of the secon The street of the state of the the state of the s attal C. 2-21- 2 - Mainten Cantery - La Control of American Co. - Co. was along at the to the total and the second of the total Therear X, Pumperey, Inc. 117cm determ, Md. Poster All

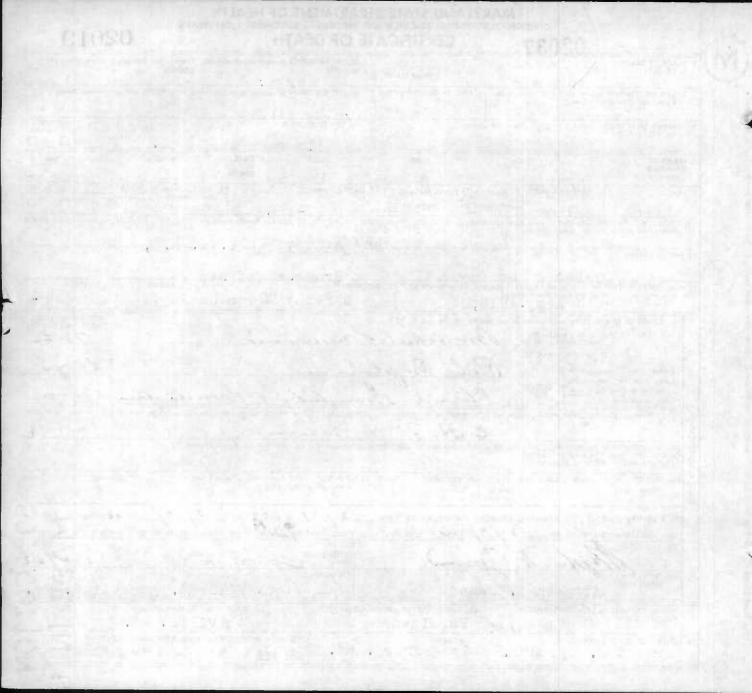
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09027

02019

0.037				10.10
o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where dece	b. COUNTY	ence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co		<del>*************************************</del>
G. ithersburg	587rs	Gaithersburg	. 17	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
NAME OF First DECEASED (Type or print)	Middle	Lost 4. DA	ATH	Day Yeor
Eparlan -	Kaymon	B. DATE OF BIRTH	re b	R 1 YEAR IF UNDER 24 HRS
Mele White Widowe	3	May 17-1884	lost birthdoy) Months	
Oa. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OF INDU	STRY 11. BIRTHPLACE (State or foreign	jn country) 12. CI	TIZEN OF WHAT COUNTRY
Retired J	ustice of th	14. MOTHER'S MAIDEN NAME	L. I. N. Y	USA
Talbott De	Pilv	Frances Wot	fett	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	FORMANT	Address	AS #2
Yes, no or unknown)  (If yes, give war ar dates of service)  Army • 191	0,	Derethy Wood	s De Puy. Ga	aithersburg
PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (o) DUE TO Conditions, if ony, which	merchial	Pommonia		INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate couse (a), stating the under-lying couse lost.	Thronie /	roughitis +	Browlacke	20-75
PART II. OTHER SIGNIFICANT CONDITIONS CO.  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port 1 or	Port II of item 18.)	
Hour o.m. While	NJURY OCCURRED 20e. PL Not while k ot work	ACE OF INJURY (Home, form, 20f. ctory, street, office bldg., etc.)	(City or town)	(County) (State
21. 1 certify that (I) (this haspital) attend saw the deceased alive an	./	death accurred at 30 M, from	/ /	62 that (1) (we) las
220. SIGNATURE ASSELLEN R. S	1	M.D. ATTENDING MED.	STAFF	22b. DATE SIGNED 2 / 4 / 6 2
22c. PHYSICIAN'S NAME (Type) Stephen N. J	ones	22d. ADDRESS 809 Viers	fill Rd. Rock	ville. Md.
<u> </u>				
36. BURIAL, CREMATION, REMOVAL (Specify) Feb othe?	Parklawn		OCATION (City, lown, or county) OCKVILLE . Md.	
4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY RE		
Ernest C. Gartner.	aithersburg	. Md. DATE FER 6	162 Clathan	8. Kraus

uneral directar, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 We. After this certificate has been signed by the attending physician and campletely filled in by it added for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 st Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. by the haspital ar attending physician. TO FUNERAL DIFA
page 3 shauld be
the State Baard of H VR A15 (4) 15M 9/59



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12039

CERTIFICATE OF DEATH

02020

4	UAU30						
A	PLACE OF DEATH		2. USUAL RESIDEN a. STATE	CE (Where deces	b. COUNTY	Residanca bafora	a dmission)
4	Montgomery	MARYLAND	Mair			1	
1	b. CITY OR TOWN (if outside corporeta limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corporat	ta limits, write RURAL an	d give nearest to	wn)
1	Bethesda	17 days	Fort Fai	rfield		57x'	3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	itel, give street address)	d. STREET ADDRESS				RESIDENCE
	The Clinical Center, Bethe		Forest A			YES [	NO N
	3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Dey Ye	er
	(Type or print) Donald	David	Doak	DEATH	February	19 19	62
	5. SEX   6. COLOR OR TACE   7. MARRIED	NEVER MARRIED   8.	DATE OF BIRTH		GE (In yeers   IF UNDER		R 24 HRS.
	Male Whitey WIDOWE		ugust 21, 19		yrs. Months	Days Hours	Min.
	TIGE HILL TO	ND OF BUSINESS OR INDUSTRY			T	IZEN OF WHAT	COUNTRY
	done during most of working life, even is retired)					TT C A	
	Sheet Metal Worker   S	heet Metal	Maine			U.S.A.	
	13. TATHER STRAME		14. MOTHER 3 MAIDEN	HOWE			
	Richard E. Doak		Mary Nach	nols			
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. (Yes, no, or unknown)   (Ifyesgive werordetes of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT The N	Medical F	Record's		
		certainable Th	e Clinical (	Center, H	Bethesda 14.	Maryla	nd
	18. CAUSE OF DEATH [Enter only one ceuse per li					INTERVAL B	ETWEEN
	PART I. DEATH WAS CAUSED BY: Resp:	ratory Arrest				ONSET AND	nutes
	434- 3 DUE TO	V					
1	Vonta	cicular Fibril	lation				
1	(9)				Co		
Ч	(e), stering the dilderlying	diate post-oper	*	ardiec to	my 101.	14 2 4 6	
		crictive Perica		NAME OF THE PARTY			ALITOREN
	PART II. OTHER SIGNIFICANT CONDITIONS CON	IRIBUTING TO DEATH BUT NO	I RELATED TO THE TERMI	NAL DISEASE CO	NUITON GIVEN IN PAR	PERF	ORMED?
	Z					YES K	NO 🖸
	PART II. OTHER SIGNIFICANT CONDITIONS CON  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Part I or Pert II of	item 18.)		
	20c. TIME OF INJURY Month, Dey, Yeer   20d. I		CE OF INJURY (Homa, fera		town) (Cou	inty)	(Steta)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. I While Hour a.m. 19 et work	Not While factor	ory, street, office bldg., etc	:-)			
1	pini o		1 1	10/0 . 77.	-b 1046	2	( ) 1
	21. I certify that (1) (this hospital) attend	led the deceased from	ebruary 2	1962, 10.1.6	soruaryTalx	AZI, that (1)	(we) last
1	saw the deceased alive on February	.1919.62., and that	death occured at		he causes and on		
	220. SIGNATURE PROLLING		DUINC I	MED.	STAFF PHYS. Tebru		SIGNED
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		al Center,		
	W. B. Berry	M.I	Institute		alth, Bethes		
	230. BURIAL, CREMATION, 23b. DATE THER OF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY		ON (City, town or count		(Stata)
E	urial-transit 2-21-62	Riverside	Cemetery	Ft.Fai	irfield, N	laine	
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a, RE	C'D BY REGISTRA	R 25b. REGISTRAR'S	SIGNATURE	
	ROBERT A. PUMPHREY	Bethesda,	Md. DATES	B 2 3 '62	Cultur g	Trace	
				Mary Mary	The state of the s	A LOCALISTICS	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician.

ECTOR: After this certificate has been signed by the attending physician and completely filler by the funeral could be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OF death. Page 4 ma director, page 5. be filed with the 5. 15M 9/60

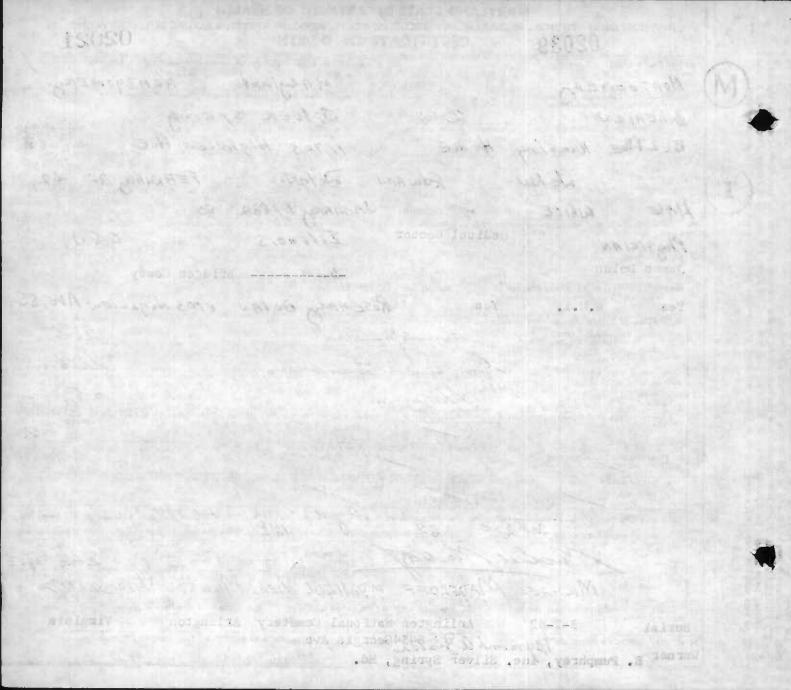
05.050 the Shire Conton, Inchesor, To. 7 ... 7 You! . . . . The control of the co de consideran una dicio e contenta per contenta de la considera de la consider Jeri Trine I'm it to the er tive enier income in lidia oir sviloi d J.IV. I tiplo miles of the 1 4 ... Profesional Proses Burig - tenna . 1 2-21-02 Riverside Ceneror ROEVER A. PURLHREY Betheadn, Md.

## by the funeral

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02021

. PLACE OF DEAT						
	H		2. USUAL RESIDENCE	CE (Where decas	sed lived, If institution: b. COUNTY	Residence before admission
Mont 60	MELL	MARYLAND	M A Real	and	4	90MERC
b. CITY OR TOWN	(if outside torporate limits,	c. LENGTH OF STAY IN 16			a limits, writa RURAL a	
write RURAL an	d give nearest town)		21 - 11-			
d. NAME OF HOSP		2 Mos,	36 J; IUEI	( 0)	Buis	a. IS RESIDENC
d. NAME OF HOSP	TIAL OK INSTITUTION (IF	not in hospital, give street address)		11 .	1	ON A FARM
DEL MILL	E NURSING	HOME	11703	Highui	EW HUE	YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Year
(Type or print)	a la her	Fdw And	1 BO/AN.	OF DEATH	FERRUAR	28 1962.
s. SEX	16. COLOR OR RACEL	. MARRIED NEVER MARRIED	B. DATE OF BIRTH	19. A	GE (In years   IF UNDE	YEAR   IF UNDER 24 HRS
MAKE	wikitE	WIDOWED DIVORCED	JANUARIA 11	882 8	st birthday) Months yrs.	Days Hours Min.
Oa. USUAL OCCUPA	TION (Give kind of work	106. KIND OF BUSINESS OR INDUS	7) //	y & State, or fora		TIZEN OF WHAT COUNTR
done during most of w	rorking life, evan if retirad)	Medical Doctor	Illino			7, CA
Physicin	TN					4-4,4
James Do	lon		14. MOTHER'S MAIDEN I	NAME		
James DO	. 6(1)		of so know	Bri	dget Cowey	
	VER IN U.S. ARMED FORCE		INFORMANT		Address	
Yes	(If yes give war or datas of ser		OSEMANG BO	IAN 4	1703 High	WELL AVES
		ause per line for (a), (b), and (c).	DE MINES	1710 4	יייייייייייייייייייייייייייייייייייייי	LINTERVAL RETWEEN
	TH WAS CAUSED BY:	10 11				ONSET AND DEATH
I DEA	IMMEDIATE CAU (a)_	Dronchopn	eumorea			24 Louis
4	A TO					111
Conditions, if an	y, which	generalised as	Errosobrose,	5		Unterow
gave rise to imme	diate cause	1 11				
(e), stating the	underlying DUE TO	Mraema				3-5 years
ceuse last.	(c)	ONE CONTRIBUTING TO SEATURE	NOT BELATED TO THE TEXAND	IAL DIEEASE CO.	IDITION CIVEN IN DA	T 1(-) 10 WE AUTOOS
	EK SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	AL DISEASE COI	NUMBER IN PAI	PERFORMED?
PART II. OTH						YES NO
PART II. OTH						
PART II. OTH		20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in P	Part I or Part II of	item 1B.)	
20a. ACCIDENT V	WAS UNDERLYING []   3 G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in F	Part I or Part II of	item 1B.)	
20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF	G CAUSE OF DEATH					l land far
20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Month, Day, Year	20d, INJURY OCCURRED 20e. P While Not White	RED. (Enter nature of injury in P	, 20f. (City or		(State)
20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF	G CAUSE OF DEATH  MEDICAL EXAMINER)  URY Month, Day, Year	20d, INJURY OCCURRED   20e. P	PLACE OF INJURY (Home, farm actory, street, office bidg., etc.)	, 20f. (City or		1
20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF  20c. TIME OF INJ Hour a.m.	G CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Month, Day, Year	20d. INJURY OCCURRED 20e. P While Not Wills at work fe	PLACE OF INJURY (Home, ferm actory, streat, office bidg., etc.)	, 20f. (City or	town) (Co	ignty) (State)
20a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJ Hour a.m. p.m.	CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Month, Day, Year  19  that (I) (this hospital	20d, INJURY OCCURRED 20e. P While Not Wints at work at work attended the deceased from	PLACE OF INJURY (Home, farm actory, streat, office bidg., etc.	20f. (City or	town) (Co	(State)
20a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIF Hour a.m. p.m.  21. I certify saw the december of the contribution of the con	CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Month, Day, Year  19  that (I) (this hospital ased alive on	20d. INJURY OCCURRED 20e. P While Not Wills at work fe	PLACE OF INJURY (Home, farm actory, streat, office bidg., etc.	20f. (City or	town) (Co	(State)  Co. A that (I) (we) In the date stated above
20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJ Hour a.m. p.m. 21. I certify	CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Month, Day, Year  19  that (I) (this hospital ased alive on	20d, INJURY OCCURRED 20e. P While Not Wints at work at work attended the deceased from	PLACE OF INJURY (Home, farm actory, streat, officerbidg., etc., and dead occurred at a	19 6 / to	town) (Co	the date stated above
20a. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJ Hour a.m. p.m. 21. I certify saw the deces 22a. SIGNATURE	CAUSE OF DEATH YMEDICAL EXAMINER)  URY Month, Day, Year  19  that (I) (this hospital ased alive on James	20d, INJURY OCCURRED 20e. P While Not Within at work at work at work at work at the deceased from 19.62 and the	n. Attending M.D. Attending D. Attending D.	19 / to	town) (Co	the date stated above
20a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJ Hour a.m. p.m.	CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Month, Day, Year  19  that (I) (this hospital ased alive on	20d. INJURY OCCURRED 20e. P While Not Whits at work st work at work 19.62 and the Made of the state of the st	n. Attending M.D. 22d. Address	19 / to	town) (Co	the date stated abo
20a. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJ Hour a.m. p.m. 21. I certify saw the deces 22a. SIGNATURE	CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Month, Day, Year  19  that (I) (this hospital ased alive on	20d. INJURY OCCURRED 20e. P. While Not William at work at work at work at the deceased from 19.62 and the Made of	n. Attending M.D. Attending D. Attending D.	19 / to	town) (Co	(State)
20a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJ Hour a.m. p.m. 21. I certify saw the deces 22a. SIGNATURE 22c. PHYSICIAN' NAME (Typ.	CAUSE OF DEATH  MEDICAL EXAMINER)  19  that (I) (this hospital pased alive on James and Laboratory)  MICHAEL  TION,   23b. DATE THERE	20d. INJURY OCCURRED 20e. P While Not Williams of work at work 19 63 and the Made of MATELOFF	ATTENDING PHYS. 22d. ADDRESS 1400.	19.6./, to	town) (Co	the date stated above 22b. DATE SIGN
20a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIF Hour a.m. p.m. 21. I certify Saw the deces 22a. SIGNATURE 22c. PHYSICIAN NAME (Typ. 3a. BURIAL, CREMAREMOVAL (Specific REMOVAL (SPECIFIC REMOVA	CAUSE OF DEATH  MEDICAL EXAMINER)  19  that (I) (this hospital pased alive on James and Laboratory)  MICHAEL  TION,   23b. DATE THERE	20d. INJURY OCCURRED 20e. P While Not With at work at work 19 63 and the Made of CEMETER.  OF 23c. NAME OF CEMETER.	ATTENDING PHYS. 22d. ADDRESS 1400.	19.6./, to	town) (Co	the date stated above 22b. DATE SIGN
20a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJ Hour a.m. p.m. 21. I certify saw the deces 22a. SIGNATURE 22c. PHYSICIAN NAME (Typ. 23a. BURIAL, CREMAREMOVAL (Specific Burial)	CAUSE OF DEATH Y MEDICAL EXAMINER)  IURY Month, Day, Year  19  that (I) (this hospital ased alive on January  MICHAEL  TION, 23b. DATE THERE  3-2-62	20d. INJURY OCCURRED 20e. Programme 20d. INJURY OCCURRED 20e. Programme 20d. Prog	ATTENDING PHYS. 22d. ADDRESS VA. OR CREMATORY	20f. (City or 19.6.), to	town) (Co	the date stated about 22b. DATE SIGN ATON (State) Virginia
20a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ Hour a.m. p.m. 21. I certify saw the deces 22a. SIGNATURE 22c. PHYSICIAN': NAME (Typ.) 3a. BURIAL, CREMA' REMOVAL (Specify Burial 4 FUNERAL DIRECTOR	CAUSE OF DEATH YMEDICAL EXAMINER)  IURY Month, Day, Year  19  that (I) (this hospital ased alive on James  MICHAEL  TION, 23b. DATE THERE  3-2-62  DR'S SIGNATURE Pays	20d. INJURY OCCURRED 20e. Programme 20d. INJURY OCCURRED 20e. Programme 20d. Prog	ATTENDING PHYS.  22d. ADDRESS  Y OR CREMATORY  ational Cemeter  20 AV 22s. REC	20f. (City or )	town) (Co	the date stated above 22b. DATE SIGN ATON (State)  Virginia



**DIVISION OF STATISTICAL RESEARCH** W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02040 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacaasad lived, If institution: Rasidance before admission) a. COUNTY a. STATE b. COUNTY MARYLAND 井2井 0 b. CITY OR TOWN (if outside copporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by write RURAL and give marest town) IS RESIDENCE ON A FARM? YES NO K lefely 3. NAME OF Day Month Year DECEASED (Typa or print) DEATH 19 carbon AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX COLOR OR RACE DATE OF BIRTH and ast birthday) Months WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of west 12. CITIZEN OF WHAT COUNTRY? remove dona during most of working life, even if retired) please affending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (If yas give war or dates of sarvica) Unknown-Yes INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per lifte for (a), (b) PART I. DEATH WAS CAUSED BY: d IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gava risa to immadiata cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE PONDITION GIVEN WIRART 1(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OF CURED. (Inter nature of injury in fact I or Part II of Part II of Part III) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. PLACE OF INJURY (Homa, farm, 20t. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, straet, offica bldg., etc.) Whila Not While Hour a.m. at work at work p.m. 21. I certify that (I) (this haspital) attended the deceased from. ECTO and that death occurred at 2.5 M, from the causes and on the date stated above. saw the deceased alive on. .... SIGNATURE ATTEND SIGNED DIRECTOR PHYS. PHYS. M.D. death. Page 4. 22d. ADDRESS filed v CEMERRY OR CREMATORY LOCATION (City, town er county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF REMOVAL (Spacify) Washington. Olivet Cemetery Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 5 '62 Bethesda, Maryland a ling & Thouse 15M 9/60 Robert A. Pumphrey.

A Jan Control ... Af the Mayares of Land and the very flow be to the ord of the thing from it is the state of Com the order The the Black the the The state of the s MATERIAL CHAIL SHE STATE SEE Serial S/3/62 (Mt. Olivet Manelero Liashington, D. C. Robert A. Punpherer, Bethesda, Maryland . . Ill C42

### by the funeral OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after pluods may be retained by the hospital or attending physician. ECTOR: After this certificate has been signed by the attending physician and completely filler could be detached for use as the burial-transit permit. Then please remove carbon papers. Page State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours a TO HOSPITAL OI death. Page 4 ms. TO FUNERAL director, page 3

15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02023

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare dacaasad lived, If institution: Residence before admission)
Montgomery Maryland	STATE Maryland     Montgomery
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, writa RURAL end give nearest town)
write RURAL and give nearest town) Bethesda 11 Months	46 Bethesda
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	, d. STREET ADDRESS   o. IS RESIDENCE
8605 Bradmoor Drive	8605 Bradmoor Drive
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) KICHARD F.	ELGIN, St DEATH Feb. 14 1962
7. MAKKIED IN THE TER MAKKIED	8. DATE OF BIRTH  9. AGE (In yeers   F UNDER 1 YEAR   F UNDER 24 HRS.
Male White WIDOWED DIVORCED	
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if ratirad)	RY 11. BIRTHPLACE (County & State, or foraign country)   12. CITIZEN OF WHAT COUNTRY?
Auto Dealer Retired	Maryland U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Luther Elgin	Elizabeth Bottler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyasgivewarordetasofsarvice)	INFORMANT Wife Address
No None Le	ila G. Elgin Same as Item #2
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DISSECTIONS GY	neurysm of the
	Tellys m
DUE TO	abdominal gorta 24 hrs
Conditions, if any, which (b)	TOTAL ZIND
(a) stating the underlying DUE TO	
cause lest. (c) Urterioscler	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
13 Coronary sclerosis - Diah	vetes mollitus
208. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED	D. (Enter nature of injury in Part I or Part II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  COTO HATY SCIETOS IS — DIAB  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
I do not not not not not not not not not no	ACE OF INJURY (Homa, farm, ' 20f. (City or lown) (County) (State)
Hour While Not While et work at work	
21. I certify that (!) (this hospital) attended the deceased from.	June 1961, to 7et 14, 1962 that (1) (we) last
	t death occured at
22a. SLONATURE	death occure dar
11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	ATTENDING MED. STAFF SIGNED
6 00000	A.D. PHYS. DIRECTOR PHYS. 14, 1962
2Zc. PHYSICIAN'S NAME (Type) MALCOLM D. HARRISON	
	453) yuma ST NW Wash OC
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
Burial 2-17-62 St. Mark's	Cemetery Frederick County, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
ROBERT A. PUMPHREY Bethesda,	Md. DATE FEB 1 9 '62 arily of trains
	PART THE TOTAL STATE OF THE STA

Sect brance of Drive

Male White

Lugi Tall

Wrazo Hady

(1)

11. Months

8005 Bredmoor Drive

RICHARD F. ELGIN, S. FEB. 14 62 Apr 12, 1881 80 10 2

Maryland U.S. U.S. Talke Lender Religion

The Market Botcler

None Salt C. Figin Came as Item #2 Disseppe concurrence of the

abdominal dosta 24 mil

arterioschroses

Catemary Eclerosis - Diabetes mailithus

Frit the general to Febrit 62

Madele Defanter x Jako 4 17 112 MATRICIA D. HARRISON HESS YOURS ST. A.W. - Mark DE

burini 2-17-02 St. Mark's Cometery Frederick County, Md.

SOMERT A. CLASCHERTY Belinesda, Md.

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAS (RECTOR: After this certificate has been signed by the attending physician and completely filling by the funeral director, page Ahould be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours director.

VR A15 (4) 1SM 7/61

1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND 02024 02042

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	idence before edmission) .
Л	o. COUNTY MARYLAND	STATE b. COUNTY	1/
	b. CITY OR TOWN (if butside corporate limits.   c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate timits, write RURAL and	give neerest lown)
	write RURAL end give neerest town)	11/1/1/1	PV.2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address)	Wilbraham 5	I e. IS RESIDENCE
	1.1 1. the of the or was the control of the control		ON A FARM?
	Washington Sanitarium + Hospital	34 Odkland ST.	YES NO K
	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Yeer
	(Type or print)	Ellicott DEATH 2 -	7 - 1962
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y Lest birthday) Months Da	
	Female White WIDOWED DIVORCED DI	9-17-34 27 yrs. Months Di	rys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		EN OF WHAT COUNTRY?
		M 20 1-1	5,A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	T. 11: 0 R.	11-1- NC - 1-	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
	(Yes, no. or unknwn) ((fivesgive wezordetes of service)		
		charles Kaymond Ellicott, III-	
	18. CAUSE OF DEATH [Enter only one cause per ime for (e), (b), end (c).]		ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY:  1 MMEDIATE CAUSE (6) 14/20/10/77	\$107	2 425 ±
	E A JOUE TO		1
	Conditions, if eny, which (b) //ebhy//	75	2 445 I
	geve rise to immediate cause	, ,/	
ŧ.	(e), stelling the underlying	al Hemontrage	6 WKS
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 1 19. WAS AUTOPSY
0	Diabetes Mellil	tus - Brittle	PERFORMED?
	E 200. ACCIDENT WAS UNDERLYING □   20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in Pert I of item 18.)	I IS NO [
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IT  DIABETES MEILIL  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR OF CONTRIBUTING   CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Liner haldre of injury in rest t of rest it of heat to.)	
		LACE OF INJURY (Home, ferm, ' 20f. (City or town) (Count	y) (Stete)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. P Hour e.m.  D.m. 19 et work et work	ectory, street, office bldg., etc.)	y) (Siete)
	21. I certify that (I) (this hospital) attended the deceased from	2/5/ 1962 to 2/7/ 196	2, that (I) (we) last
	saw the deceased alive on 2 - 7 19.6.2, and th	at death occured at. D.M. from the causes and on the	date stated above.
	22e. SIGNATURE	Under Constant Medical Ca	IYE PEZE DATE OF
	Mobert astare MD	M.D. PHYS. DIRECTOR PHYS.	2-8-62
	22c. PHYSICIAN'S - / / / //	22d. ADDRESS	
	NAME (Type) ROBEYT A. Hare M	D. 7600 Carroll Hu	e Til, Md.
	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
	BURIAL 2-10-1962 ST. PAULS C	HURCH CEMETERY, Chestertown	, MD.
	24 MUNERAL DIRECTORYS SIGNATURE ADDRESS POLI	To Ner   250. REC'D BY REGISTRAR   256, REGISTRAR'S SI	
1	Joseph Sawlers on ser Third 6	DATE 13 62 Circling S. Th	
-	-/ ( )		

13050 e absorbe has the THE ASSET OF Just Emale The property of the state of th the transfer burden TATE HE - FIRM A All Internal Charlet a for Darger - Holen His clay The second secon BALL REVERSE FORMUS CONTRACTION The state of the s

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 would be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 hould be detached for use as the burial-transit permit. Then please remove carbon papers. Page 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 would be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 would be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 would be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 would be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 would be detached for use as the burial-transit permit. Then please remove carbon papers.

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02025

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before edmission)
o. COUNTY MONTGOMERY MARYLAND	. STATE MARY land b. COUNTY Mon	tyonen
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1		giva nearest town)
Be the soft rek 3 pking 1 yar 2	ht 165: New SDRING	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
\$600-tett-JFreet-Suburban Hospital	8600 16 th 5 Treet	YES NO NO
3. NAME OF First Middle	Last 4. DATE Month OF	Dey Year
(Type or print) Jo H N Philip	EVANS DEATH 2	11 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 )    Book   Graph   Book   Book	
MIDOWED □ DIVORCED □	Jan. 25, 1911 5-35 lyrs.	Peys Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if ratired)	IK.	ZEN OF WHAT COUNTRY?
Executive Merchandian	3 St. Paul, Minnesota	LSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Homer A. Evans	Ethel Atkins	
(Yes, no, or unkown)   (Ifyesgivawarordetesofservice)	. INFORMANT Address	
	rank Cady 8600 16th St. Silver	
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).)	007.04	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  A CUTE MYE	cardial Enfarction	1 Hour
430 DUE TO 0 12	Led prois	1 10 0
Conditions, if eny, which gove rise to immediate couse	SULEROSIS	1 year
(a), steting the underlying DUE TO		/
couse lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	25 (F	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter neture of injury in Part I or Pert II of item 18.)	
0	PLACE OF INJURY (Home, ferm, 20f. (City or town) (Counfactory, street, office bldg., etc.)	ity) (Stete)
Hour e.m.  p.m.  While Not While et work et work	lactory, sheet, office blags, stea	
21. I certify that (I) (this hospital) attended the deceased fro	m April 15, 1961, 10 February 11, 196	that (I) (we) last
	hat death occured at 1.49.1M, from the causes and on the	ne date stated above.
22e. SIGNATURE M B 10	ATTENDING STAFF	22b. DATE SIGNED
Mare I Shere	M.D. PHYS. DIRECTOR PHYS.	2/11/6~
22c. PHYSICIAN'S MAX G. SHERER MD	2025 EAST West H'way Silver	Spring, Ma
230. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or county	) (Stete)
REMOVAL (Specify) 2-15-62 Crown Hill (	Demetery Utica Oneida Co.	New York
24 FUNERAL DIRECTOR'S SIGNATURE ROSMOND QUESTION	250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE
Warne & Gensely Sy Feorged	The SS, Md DATE FER 1 5 '62 Ording &	Kraus

B ( , --- , -- e feederal a . Francisco . 43 Land S. P. CHARLET A. CVICTS In things the bile and the Arthur to have been a compact to the the second of th The second section of the content of 

### RYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed fixed, If institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporale timils, write RURAL and give nearest fown) LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimils, write RURAL and give non-jest town d. NAME OF HOSP 3. NAME OF DECEASED OF du (Type or print) DEATH AGE (IA years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED thdey) pue Months Days WIDOWED 10e, USUAL OCCUPATION (Give kind of work physician 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending ARMED FORCES? (Yes, no, or unkown) | (If yes give wer or datas of service) WWW the 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' (County) factory, straet, office bldg., etc.) While Not While at work et work p.m 21. I certify that (I) (this hospital) attended the deceased from...... Sand that death occured \$1.35M, from the causes and on the date stated above. saw the deceased alive on.... 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. death. Page 4 O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Hodgkins Bradlev

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Valley View Cemetery

YES NO K

19 6 IF UNDER 24 HRS.

> PERFORMED? NO XX

> > (Stete)

22b. DATE

6

23d, LOCATION (City, town or county)

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Jermyn.

DATE MAR

Pennsylvania

Corring S. Phrana

SIGNED

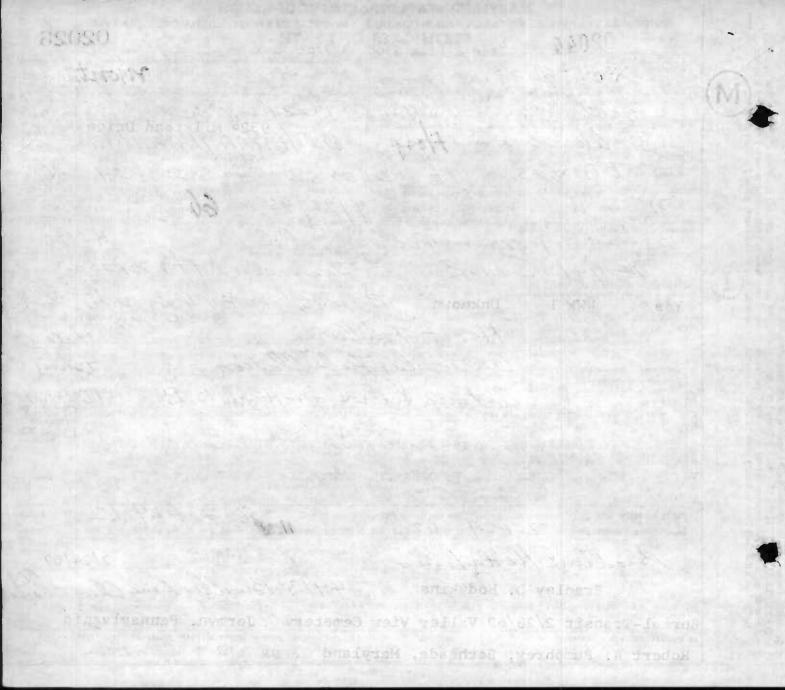
director, I VR A15 (4) 15M 9/60

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

24 FUNERAL DIRECTOR'S SIGNATURE

/62

Robert A. Pumphrey, Bethesda, Maryland



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		J
	1	1
		1
		4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12027

		02040											
	PLACE OF DEATH				1	2. USUAL RESIDE	NCE (Wh	ere decease	d bived, if	institution	Residen	ce before	admission)
	B. COUNTY	Montgomery		MARYI	AND	a. STATE ME	rylar	nd	b. COUN	ITY C	LUP	-+	/
	b. CITY OR TOWN (i	f outside corporate limits, give nearest town)		c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN			imils, write	RURAL	nd give i	nearest to	vn)
		a (Rural)		4 days	3	Chesape	eake I	Beach			0	YX.	2
		AL OR INSTITUTION (if no	ot in hospi			d. STREET ADDRES	55						ESIDENCE A FARM?
	U. S. Na	val Hospital				R.R. #1						YES [	
	NAME OF DECEASED	First		Middle		Last	4. DA		Month	1	Dey	Yes	r
	(Type or print)	Sally		Owen		Fitzhugh		EATH	Febr	uary	1,	19	62
5.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	8.	DATE OF BIRTH				IF UNDER	1 YEAR		R 24 HRS.
F	Temale	Caucasian w				28 SEPT 189	99	62	birthday) yrs.	Months	Days	Hours	Min,
10a	. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired)	106. KIN	D OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Co	ounty & Sta	ite, or foreig	n country)	12. CI	TIZEN O	F WHAT	COUNTRY?
00	House W					Kent	tucky			- 200	US	Α	
13.	FATHER'S NAME		1		I	14. MOTHER'S MAIDE					0.0		
	Ambrose C	ollins				Betty Sul	olette	е					
	WAS DECEASED EV	ER IN U.S. ARMED FORCES		OCIAL SECURITY NO	D.   17. II	NFORMANT			Address				
(Ye	s, no, or unkown) (I	fyas give wer or dates of servi		7-18-96614	HIII	S: Clark S.	D1+	zhuah	Come	as (	the colle		
	10 CRITER OF D	EATH Enter only one cau				o. Clark o.	. P.L.U.	cuagu,	Dermic	as g		ERVAL BE	TWEEN
		H WAS CAUSED BY:	Se per Hi	of (a), (b), and (c)	1.1	, 1.	1	A	16			SET AND	
		IMMEDIATE CAUSE (+)	V CC	MISTE	, u	reriose	leri	suc	1000	seul	113		
	490	DUE TO						1					
	Conditions, if eny	11.15						Alsi	111	,			
	gave risa to immedi	ate cause											
	(a), steting the u	nderlying DUE TO									49		
	cause lest.	(c)											
NO	PART II. OTHER	SIGNIFICANT CONDITIO	NS CONT	RIBUTING TO DEATH	H BUT NO	T RELATED TO THE TER	MINAL DIS	EASE COND	ITION GIV	EN IN PAI	RT 1(e) 1	9. WAS	AUTOPSY DRMED?
ATH											1	YES ]	NO X
IFIC	20e. ACCIDENT W.		Ob. DESC	RIBE HOW INJURY O	CCURED.	(Enter nature of injury	in Pert I or	Part II of ite	m 1B.)				
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH											
MEDICAL	20c. TIME OF INJU	RY Month, Day, Year	20d. IN	UJURY OCCURRED		CE OF INJURY (Home, f		. (City or to	wn)	(Co	unty)		(Stete)
EDI	Hour a.m.		While at work	Not While et work	tacto	ory, street, office bldg.,	erc.)						
2	p.m.	hat 🖎 (this hospital)			1 (	Ton 28	10 6	O to Fo	h 1	10	62.	L - + -6+br	(wa) last
	-	ed alive onFeb	7·d.p.	, a	nd that	deeth occured at	31.000	virom the	causes	and on	the da		b. DATE
9	220. SIGNATURE	W; 13	ra	mille	M.	ATTENDING PHYS.	MED. DIRECTO		AFF YS.	Feb	ruar	_	1962
	22c. PHYSICIAN'S					22d. ADDRESS							
	NAME (Type)	C.W. BRAML	ETT,	LCDR MC U	JSN	U. S. 1	Vaval	Hospi	tal,	Beth	esda	, Md	
23	BURIAL, CREMATI	ON, 236. DATE THEREO	F	23c. NAME OF CE	METERY C	OR CREMATORY	23d.	LOCATION	(City, to	wn or cour	nty)	(:	State)
	burial	5 Feb 190	62	Cedar H	ills			Princ	e Geo	rge 's	S	Mary	land
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		25a.	REC'D BY	REGISTRAR	1	GISTRAR'S		TURE	
	V. W. Au	nes La.	li+h		lechi:	ngton. Date.	FEB	5 '62		arthu	1 2 1	Kenea	
1	H. Hines	CO., 2901-1	TUIL I	St. N.W., W	GOILT.	TROUTH THE	1 hugher				· 400 /	-	

The law requires that the death certificate be executed within 24 hours after by the funeral and 2 should Fille AECTOR: After this certificate has been signed by the attending physician and completely fille fould be detached for use as the burial-fransit permit. Then please remove carbon papers. Pag State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours is the hospital or attending physician. PHYSICIAN: ATTENDING be retained by OR director, page be filed with the TO HOSPITAL death. Page 4 r VR A1S 1SM 7/61

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A1S (4) SM 7/61

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	Chieffenburg Best	truib is	Livery automost
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	· 0. 4	الله دن الله المام المام	har de Car e o Ol de la

MARYLAND STATE DEPARTMENT OF HEALTH

02046 CERTIFICAT	E OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission
a. COUNTY	a. STATE M
11/0NTgomery MARYLAND	MARY AND Montgomery
b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (Moutside corporete limits, write RURAL end give neerest town)
write RURAL and give weerest town)	E4 01 01.
Dettes UA	of charge the
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Subus DAN HOSD.	7/13 46 Sheet YES NO IN
3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer
DECEASED	OF
(Type or print) John W. He	tchee DEATH February 28 1962
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
male 111 de montre de succession de la constante de la constan	Jan 9 1875 lest birthdey) Months Day Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	SAR I NA
done during most of working life, even if retired)	Naturalized
Builder (Retired) Building	London, Intario Canada 11.5.4
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Flatilian	Melissa Elliott
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1 (Yes, no, or unkown)   (Ifyesgivewerordatesofservice)	
NO - NO	bert E Fletcher 4412 Walsh St Chi
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0) Confluent	brondes puleunomia, lei
DUE TO	lateral 2 with
Conditions, if any, which (b)	9,0,00
geve rise to immediate cause	
(e), steting the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
OLD THE STATE OF T	PERFORMED?
5	YES 🔼 NO 🖸
200. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	). (Enter neture of Injury in Pert I or Pert II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)
	tory, street, office bldg., etc.)
Hour e.m.  p.m.  19  While Not While feet work et work	
21. I certify that (I) (1) (1) (1) (1) attended the deceased from.	Feb; 20 1962 to Feb 18, 1963, that (1) (we) la
7 2 - 7	4.4
	death occured at Q.A.M., from the causes and on the date stated above
22e. SIGNATURE	ATTENDING MED. STAFF MON 1 1 ON STAFF
- Marrin Mader M	ATTENDING MED. STAFF MAr. 1, 1962
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) / A N / / / / / / / / / / / / / / / / /	8218 Wisconsin Ave., Bethesda, Mc
1/	
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Cemetery Montgomery County, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
ROBERT A. PUMPHREY Bethesda, M	1d. DATE MAR 5 '62

MAR

Carifua & Thomas

by the funeral and 2 should er death. The law requires that the death certificate be executed within 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within may be retained by the hospital or attending physician.
ECTOR: After this certificate has been signed by the attending physician and completely filled the control of the certificate has been signed by the attending physician and completely filled the control of the certificate has been signed by the attending physician and completely filled the control of the certificate has the burial-transit permit. Then please remove carbon papers. Page 8 State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours as TO HOSPITAL OF WAS death. Page 4 may 10 FUNERAL OF 10 director, page 3.

ROBERT A. PUMPERERY BETT & Sda, Md. Clay

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

AND STATE DEPARTMENT OF A BATTH-PALTIMOPE TO	TYTAN THE TOTAL TO
CERTIFICATE OF DEATH	
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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after VR A15 (4) 1SM 7/61

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	TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral	director, page nould be detached for use as the burial-transit permit. Then please remove carbon papers. Pag	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours are death
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death. Page 4 may be retained by the hospital or attending physician.	14	0	=
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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02002030

1.	1. PLACE OF DEATH a. COUNTY				2	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
	Montgomery MARYLAND				Maryland     Montgomery						
	b. CITY OR TOWN (if		its,	c. LENGTH OF STAY IN 1	-     -	c. CITY OR TOWN		orata limits, writ			own)
	Bethesda	/ \		2 days		3 Rockvi	lle, Mary	rland			
	d. NAME OF HOSPIT		if not in hosp	pitel, give street eddress)	Total Control	d. STREET ADDRES					RESIDENCE
	II C No.	ol Woonsho	, ,			7,2002	D	. ml		_	A FARM?
3	NAME OF	al Hospita		Middle	- 11	13203	Parkland	L Drive_	-		NOM
1	DECEASED	11137		MIGGIA		F621	OF			Day 14	701
	(Type or print)		liam	Malcolm		FRYE	DEATH	TEDT	- V		962
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. C	ATE OF BIRTH	9	. AGE (In years last birthday)			ER 24 HRS.
	Male	Cauc	WIDOWE			22 November	er 1956	5 yrs.	Months Da	ys Hours	Min.
10	a. USUAL OCCUPATION during most of wor	ON (Give kind of work	k 10b. KI	ND OF BUSINESS OR INDU	STRY	11. BIRTHPLACE (Co	ounty & State, or	foreign country)	12. CITIZE	N OF WHAT	COUNTRY?
1 ~	one during most of wor	ang me, even it fente	90)			Califor	rnia		- 1	USA	
13	FATHER'S NAME				1 14	. MOTHER'S MAID	EN NAME				
	O 3. 34	Thomas									
15	Samual M.					Mary Vir	ginia Da	vis			
(Y	s, no, or unkown)   (If	R IN U.S. ARMED FOI yasgive warordates of:	RCES? 16. Service)	SOCIAL SECURITY NO. 17	. INF	ORMANT		Address			
-				F	ath	er: Samua	l M. Fry	e Same	e as #2		
	18. CAUSE OF DI	EATH  Enter only one	cause per li	ne for (e), (b), and (c).]					11	INTERVAL B	
		WAS CAUSED BY:		Lobular	one	monia				ONSET ANI	DEATH
	20	MMEDIATE CAUSE (e)		2000202							
DUE TO											
	Conditions, if any, which (b) Acute Lymphatic leukemia in remission										
	geva rise to immedie (a), stating the un	DITE TO									
	cause last,	(c)									
Z	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT	NOT R	ELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1		
ATI										YES X	ORMED?
15	20e. ACCIDENT WA	S LINDERLYING	20h DESC	CRIBE HOW INJURY OCCU	RED (F	nter neture of injury	in Part I or Part I	of item 18 1		11.5 1	
CERTIFICATION	OR CONTRIBUTING		100. 523	SKIDE HOW MOOK! OCCO	, (L	mer merere or mijery		01 110111 10.1			
MEDICAL		Y Month, Dey, Ye				OF INJURY (Home, f		or town)	(County	•)	(State)
VED VED	Hour a.m. While Not While factory, street, office bldg., atc.)										
1	p.m.		1	led the deceased fro	T	5 February	v 1062	17 Fehr	1977.62	36	( )
	saw the decease	ad alive on.	rebrua	ry19.62., and the	hat d	eath occured at	LU: 25 IAM	the causes	and on the	date stat	ed above.
	22e. SIGNATURE					ATTENDING	MED.	STAFF		2:	b. DATE
	ALCOHOL: N	. , ,	- 10		M.D.	PHYS.	DIRECTOR	PHYS.	1	7 Febr	uary
	22c. PHYSICIAN'S			arson		22d. ADDRESS					
1	NAME (Type)	H.A. PEA	RSON,	LCDR MC USN		U.S. Nav	val Hosp	ital, Be	ethesda	, Md.	
23	B. BURIAL, CREMATIC	ON, 23b. DATE THE	REOF	23c. NAME OF CEMETER	RY OR	CREMATORY	23d. LOC.	ATION (City, to	wn or county)		(Stete)
	REMOYAL (Specify)	20 Feb		Parklawn			Ro	ckville	Ma	ryland	
	FUNERAL DIRECTOR		1702	1330 Mon	+~~	MONTE ALER					-
	the sale	1811111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ler								
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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02049	CERTIFICA	IL OF PLAT		(	12031
PLACE OF DEATH     COUNTY     Montge		MARYLAND	2. USUAL RESIDEN  •. STATE  Mary			ce before admission
b. CITY OR TOWN	(if outside corporate limits, d giva nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outsida corporata limits, v		-
Olney		4 days	/ Olne			
	TAL OR INSTITUTION (if not I		d. STREET ADDRESS			o. IS RESIDENCE
-	omery Genera	l Hospital	non	е		YES NO
. NAME OF DECEASED (Type or print)	George	Edward	Gaither	OF -	caary 4	19 62
male male	Morro	W.	. DATE OF BIRTH	9. AGE (In ye last birthda 78 yrs		Hours Min.
Oa. USUAL OCCUPAT	MON (Give kind of work   10	Db. KIND OF BUSINESS OR INDUSTR		nty & State, or loreign count	Iry) 12. CITIZEN O	ed Stat
3. FATHER'S NAME			14. MOTHER'S MAIDEN	INAME		
James	Gaither		Kathry	n		
	/ER IN U.S. ARMED FORCES? If yes give wer or dates of sarvice)		NFORMANT Hospital R	ecords	ress	
Conditions, if any geve rise to immed (a), stating the ucause lest.  PART II. OTHER	DUE TO (c)	CONTRIBUTING TO TATH BUT NO	using la	MYTICALAY FX	CEST SCARE  GIVEN IN PART 1(a) 15	9. WAS AUTOPS
OR CONTRIBUTING	AS UNDERLYING   20b.   CAUSE OF DEATH   MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Pert I or Part II of item 18.)	Y	PÉRFORMED?
20c. TIME OF INJU Hour e.m. p.m.			CE OF INJURY (Home, ferr ory, street, office bldg., etc		(County)	(Stete)
21. I certify to	2/132	ttended the deceased from	1 110	M, from the cause	es and on the da	nat (I) (we) la te stated above
22e. SIGNATURE	11/1/	TIMES W	.D. PHYS.	MED. STAFF DIRECTOR PHYS.	24	22b. DATE SIGN
22c. PHYSICIAN'S NAME (Type)		Ligon	22d. ADDRESS Sand	dy spring,	Md.	
REMODELT	2/7/62	23c. NAME OF CEMETERY	OR CREMATORY	Mt. Zion		(Stete)
Roles T	R'S SIGNATURE)	Rockville, N		C'D BY REGISTRAR 25b.	REGISTRAR'S SIGNAT	URE

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician.

PECTOR: After this certificate has been signed by the attending physician and completely filled to be the funeral by the detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours as an death.

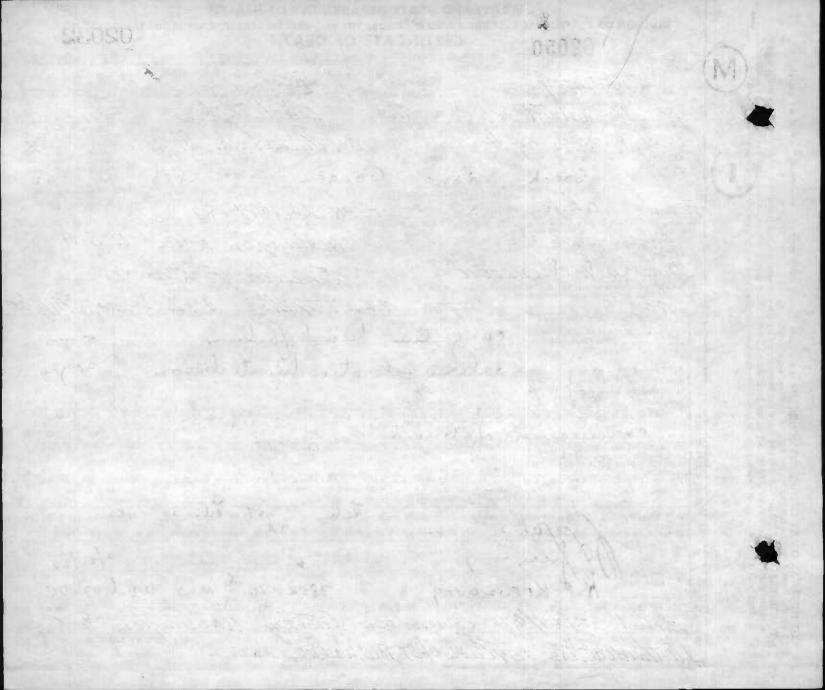
TO HOSPITAL OF death. Page 4 ma director, page 5 be filed with the 5

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### MARYLAND STATE DEPARTMENT OF HEALTH

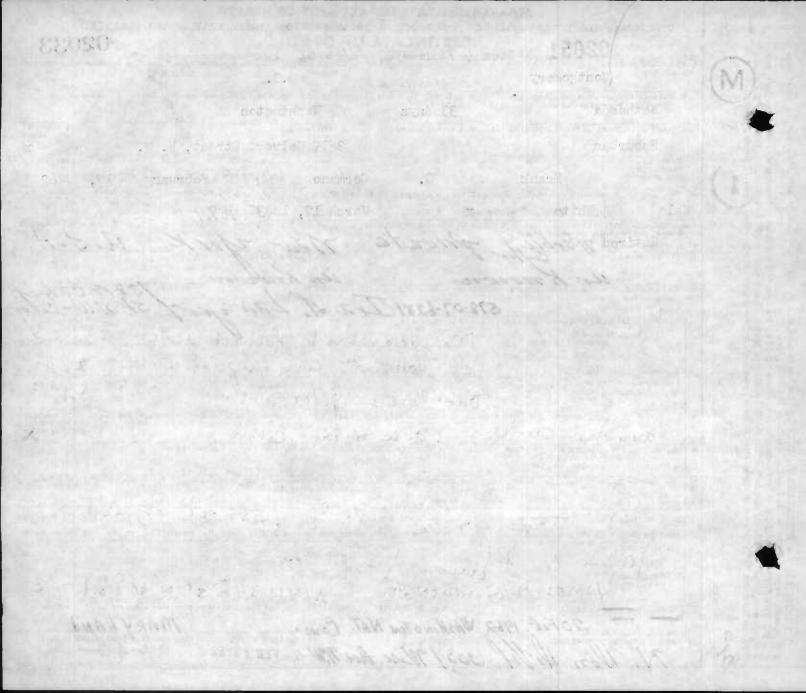
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Resi	idence before admission)
e. COUNTY	e. STATE D. COUNTY	- V
b. CITY OF TOWN (if outside corpogne limits,   c. LENGTH OF STAY IN 1)	c. CITY OR TOWN'S outside corporete limits, write RURAL end g	ive neerest town)
write RURAL epop give neerest (swn)	1.16/	10.12
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	•. IS RESIDENCE
7-1711	and the least the	ON A FARM?
DEL ME Mursing Home	601 Vuckerman 21, U.W.	YES NO
3. NAME OF First Middle Middle	Last 4. DATE Month OF	Dey Yeer
(Type or print) Sarah take		21 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YE	
Female atrite WIDOWED & DIVORCED	FERR 2.2. 1874 Stry Months De	ys Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	L13/11/01/01	N OF WHAT COUNTRY?
done during most of working life, even it retired)	1,600 - 7 - 20 11	18A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	, 0, -1,
Charles & Show	E 7 7 1	
15. WAS DECEASED EVER IN U.S. ADMID FORCES IN SOCIAL	Longela T. Reage	11
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordatesofservice)	INFORMANT Address	2/1/1
NO the	man. Miller GO/ Luckern	canoly, a a
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	0.0.0	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+)	beard facters	5- 7/2
LA 3 0 DUE TO 0	0:00 00:	
Conditions, if ony, which ) (b) autores sele	set a beauti descons	20 72
geve rise to immediate ceuse	ore the forest of the tag	7-
(e), stelling the underlying DUE TO		
couse lest.  Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N.	OT DELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN BART I	VI 10 WAS ALITORSY
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT IN	→	PERFORMED?
3 carculation of bleast		YES NO
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Pert I or Pert II of item 18.)	
t <sub>a</sub>	ACE OF INJURY (Home, farm, 201. (City or town) (County street, office bldg., etc.)	(Stete)
Hour e.m., While Not While et work	and y, sheet, office blogs, over,	
21. I certify that (IV (this hospital) attended the deceased from.	Lel 1959 to Cela 20 196	that (I) (we) last
	t death occured at 3.4 M, from the causes and on the	, , , , , , , , , , , , , , , , , , , ,
22e. SIGNATURE	I death occured at.E.F.X.M, from the causes and on the	22b. DATE
110 1000	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	2 SIGNED
22c. PHYSICIANIS	A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	121/62
NAME (Type)	Ole I	12 00
Mir. Kreuzburg	7852 16 - NW 40621	41200
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City town or county)	(State)
	non emetery alastinglon	, toto
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	250. PEC'D BY REGISTRAR 256. REGISTRAR'S SIG	NATURE
Illethurllatters 254 (arrolp). H.	10. Washing FEB 23 62 Cithur &	Kraus



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH OF DEATH 2. USUAL RESIDENCE (Whare dacassed livad, If institution, Residence bafora edmission) 9 Film G307 1. PLACE OF DEATH a. COUNTY b. COUNTY Montgomerv a. STATE D.C. within 24 hours MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and sive nearest town) Washington 33 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 3819 Calvert Street. Suburban YES NO X N. W. completely 3. NAME OF First Middla 4. DATE Month DECEASED (Typa or print) Frank DEATH Germano February 1962 and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. certificate be lest birthday) Months Hours Male WIDOWED X DIVORCED physician ove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if retired) Retired maro 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding now 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) | (Ifyesgivewarordatasofsarvica) INTERVAL BETWEEN 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO interction ovoNaru Conditions, if any, which gava rise to immediate causa 60 Y3 DUE TO (a), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 35 Careinona, alescending NO X 20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) Month, Day, Year factory, streat, offica bldg., etc.) Whila Not Whila Hour a.m. et work at work april 1962, that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from... .19 and that death occured at.J...L.M., from the causes and on the date stated above saw the deceased alive on...... 22b. DATE 22a. /SIONATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. O HOSPITAL death. Page 4. director, page be filed with th 22d. ADDRESS 22c/ PHYS CIAN'S NAME (Typa) CEMETERY OR CREMATORY (Stete) 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Nov. 12 W DATE FEB 2 3 '62 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M 7/61

MARYLAND	STATE	DEPAR	RTMENT	OF	HEAL

TH division of statistical research and records, 301 w. preston street, baltimore 1, maryland 02052 CERTIFICATE OF DEATH 02034

1.	PLACE OF DEATH   O. COUNTY	2. USUAL RESIDENCE (Where daceesed lived, If Institution, Residence before edmission)					
	Montgomery MARYLAND	o. STATE Maryland b. COUNTY Prince Georges					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporeta fimits, write RURAL and give nearest town)					
	Bethesda (Rural) 41 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Hyattsville 1662 · 2  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?					
3.	U.S. Naval Hospital, Bethesda Md. NAME OF DECEASED (Type or print)	5400 42nd Ave., YES NO A					
5	John William (	Gessner February 8 19 28 B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 2 PHRS.					
	SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED 22	last birthday) Months Days Hours Min.					
10 de		RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13	U.S. Navy	Maryland USA					
	GESSNER. John M.	FITZMAURICE, Mary					
15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  es, no, or unkown) (Ifyesgivewarordatesofservice)	INFORMANT Address					
-		rnard F. GESSNER (SOn) Same as #2					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (s) Pyelonephritis act	ONSET AND DEATH					
10	600 O DUFTO						
	Conditions, if eny, which gave rise to immediate cause (b) Surfaction - Myscardium						
	gave rise to immediata cause (e), stating the undarlying  DUE TO						
	causa last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFOR YES X N							
CERTIFICATION	2DB. ACCIDENT WAS UNDERLYING CORE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Entar nature of injury in Part I or Part II of item 18.)					
MEDICAL	ZDc. TIME OF INJURY Month, Dey, Yaer Hour e.m. While at work at work 19 at work 19 Act Of INJURY (Homa, farm, factory, streat, office bldg., atc.)						
		30. December., 19.61 to 8. February, 19.62 that XI) (we) last					
		t death occured all 7.48PM rom the causes and on the date stated above.					
	1 Harender	A.D. ATTENDING MED. STAFF PHYS. XX 9 Feb. 1962 SIGNED					
1	NAME (TF.) WARRENDER LT MC USN	U.S. NAVAL HOSPITAL, BETHESDA MD.					
23	Burial (CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial 2-12-62 National Cemetery						
17	FUNERAL PRECEDES SIGNATURE Annapolis Marylan	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
J	ohn Taylor 147-149 Duke of Gloucester S	CER 1 3 '62					

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02053 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY ONTGO MERY MARYLAND death. eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give meares town P ETHESDA d. NAME OF HOSPITAL (If not in hospital, give street address) ING-LETON NAME OF Middle 4. DATE DECEASED OF DEATH ANE (+1880 N (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED [ DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) PELAND HOUSEWIF carban ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT tending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO þ permit. Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underpuo lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) as the 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.) Hour a. ft. While Not while of work of work p. m. 21. I certify that I attended the deceased from. OR: Al Machea burial.

Joseph D. Comnor, M.D.

22c. NAME OF CEMETERY OR CREMATORY

e. IS RESIDENCE ON A FARM? YES NO DE Month Day Year 1962 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Months Days 12. CITIZEN OF WHAT COUNTRY! INTERVAL PEDVIEN RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO S (County) (Stote) 19 that I last saw the deceased and that death occurred of 5:40 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City town, or country (Stote) 24b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR

Rea. Dist. Na.

TO FUNE page VS A15 (4)

DIR shauld ACTUAL

PHYSICIAN'S

NAME (Type)

22a. BURIAL, CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

	CERTIFICAT	
	CHAPTER TO THE STATE OF THE STA	THE STATE OF
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THE REPORT PROPERTY AND ADDRESS OF THE PARTY		

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY by the and 2 death. antagineri MARYLAND CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) ark d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address ON A FARM? YES NO NO completely 3. NAME OF 4. DATE OF DECEASED DEATH 19 6 2 (Type or print) AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthday) Months pue DIVORCED 12. CITIZEN OF WHAT COUNTRY? physician ove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | Then (Yes, no, or unkown) | (If yes give we ror detes of service) oval interium and How the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (Stete) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m at work at work ATILE be retail CCTOF ould be 190 That (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from ... .19. Q. ..., and that death occured at M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. ath. Page 4
FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S 0 NAME OF CEMETERY OR CREMATORY (State) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. REMOVAL ((Specify) i b 0 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cather

MARYLAND STATE DEPARTMENT OF HEALTH

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# FOR STATE HEALTH ector. Page ur files. IO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executed retrificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of a should be for a factor of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bos or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hourstier death.

VS. AISME SM 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02055 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02037

	1. PLACE OF DEATH				2. USUAL RESID	ENCE (When			sidence before	edmission)
1	Montgomery MARYLAND			•. STATE Virginia b. COUNTY					V	
1	b. CITY OR TOWN (i	f outside corporate lim giva nearest town)	nits,	c. LENGTH OF STAY IN 16			corporate limits, writ	e RURAL end	give neerest to	wn)
1	Bethesda	(rural)		DOA	F	rederic	ksburg	83	1.2	
	d. NAME OF HOSPIT	AL OR INSTITUTION	(if not in hos	pital, giva straet eddress)	d. STREET ADDR					ESIDENCE
7		l Hospital			215 F1	azier	Street			A FARM?
Н	3. NAME OF DECEASED	First		Middla	Last	4. DAT	E Mont	h	Dey Yes	or
	(Typa or print)		rood	Nathan	Gray	DEA	TH Febru	ary 2	5 19	62
	5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED   B	DATE OF BIRTH		9. AGE (In years	-		R 24 HRS.
	male	Negro	WIDOWE		September '	7, 1941	last birthday) 20 yrs.	Months De	ys Hours	MIn.
-	10a. USUAL OCCUPATI	ON (Giva kind of wor	k 10b, KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (S	itata or foreign	country)	12. CITIZ	EN OF WHAT	COUNTRY?
2	U.S. Marin		04/		Hustle	, Virg	inia	US	SA	
	13. FATHER'S NAME				14. MOTHER'S MAIL				- 11	
	James Hyl				Susie Ann	na (Mai	den name	unknow	a)	
	15. WAS DECEASED EVI			SOCIAL SECURITY NO. 17.	NFORMANT	M. m	Addres	s		
	yes	y as giva war or gales of	301 1100)	228-50-0491	Marine Con	ros Rec	ords			
		EATH [Enter only on	e cause per li	ne for (e), (b), and (c).)					INTERVAL BE	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Subdivial humon hage								
	1/0									
	Conditions, if any, which (b) Chethal hemonthogy t laceration (2)									
	gave rise to immedi	ete ceuse	Cerc	nal num	mys .	acus	un			
	(a), steting the un	ndarlying DUE TO	1	- 1	.0	, 7	acceptua	_		
1	causa last.	) (c)	Jan	cluse of ske						
	PART II. OTHER  PART II. OTHER  20a. EXTERNAL CA PRIMARY FI or CO CAUSE OF DEATH.	SIGNIFICANT COND	IIIONS CON	TRIBUTING TO PLATH BUT NO	T RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	VEN IN PART 1	(e) 19. WAS A	AUTOPSY DRMED?
	3								YESXIXX	K ON
1	20a. EXTERNAL CA	USE WAS	20b. DESCRI	BE HOW INJURY OCCURED. (E	ntar nature of injury Ir	Pert I or Part I	l of item 1B.)			
-			Driver	of auto invol	ved in acc	cident				
	3 20c. TIME OF INJU	RY Month, Day, Ye	par   20d.	NJURY OCCURRED 200. PLA	CE OF INJURY (Homa,	farm, 20f. (	City or town)	(County	y)	(Stata) CO
1	20c. TIME OF INJU	1:00 2-25-	-62 While	Not Whila US fact	i, i mile	N. of	Port Roxa	l Va., k	King Ge	orge,Va
				ains described above, he		-			and in my o	
	death resulted f	rom: Natural c	auses .	Accident X, Suici	de . Homici	de 🗍	Undetermined n	nanner 🗍		
		0				AL EXAMINER				
	ACTUAL	4. 1	10		ACCICTANT	MEDICAL EXA			DATE SIG	TRIPP
	SIGNATURE	mand	4.00	mehat	M.D.			5 Febr	uary 19	
-	EXAMINER'S NAME (Typa)	Frank J	Brosc	hart, M.D.		ICAL EXAMINE	or county) Gait			
	22a. BURIAL, CREMATIO		EOF	22c. AMENIEWETBABA	FECTONUTCH	22d. LO	CATION (City, low	, or country)	(Sie	le)
	Burial (Specify)	3-2-62	0	Cemeter			Champlai	n, Va.		
1	23. FUNERAL DIRECTO	D. St. 16	1184	ADDRESS	24a.	REC'D BY REG	ISTRAR   24b. REC	SISTRAR'S SIGI	NATURE	
1	Edwards Fu	meral Home	BOW	Ling Green, Va.	DATE	MAR 5	62	Jun 8. 1.	rank	
1			1/		IDAIL					

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VISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI/	MORE 1, MARYLAND
02056	CERTIFICATE OF DEATH	02038
OF DEATH	1 2. USUAL RESIDENCE (Where deceased lived,	If institution, Residence before admission

1	DIVISION OF STATISTICAL RE			ON STREET, BALTIN		
Self Self Self Self Self Self Self Self	1. PLACE OF DEATH  o. COUNTY  Montgomery	MARYLAND		ce (Where deceased lived, If yland b. COUIT		
Ped and source affect deals	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (It outside corporate limits, w			
	d. NAME OF HOSPITAL OR INSTITUTION (II not in Suburban Hospital	n hospital, giva street addrass)	d. STREET ADDRESS	Crawford D		
omplete paper in 72 l	3. NAME OF DECEASED (Type or print) Harriett N	Middle Mackall	Griffith	4. DATE Mont OF DEATH Feb.		
o Pod	S. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 18	. DATE OF BIRTH	9. AGE (In years		

LIOIT	LEOuice J	MININE E MANIAD		J	0	-
	if outside corporate limits, d give neerest town)	c. LENGTH OF STAY IN 16		It outside corporate limits, write	e RURAL and give no	earest town)
Bethesda		34 days	Kock	ville		
d. NAME OF HOSPI	TAL OR INSTITUTION (il no	t in hospital, give street address)	d. STREET ADDRESS	Crawford D	rive	ON A FARM?
	n Hospital					
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day	Year
(Typa or print)	Harriett	Mackall	Griffith	DEATH Feb.	8	19 62
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female		IDOWED DIVORCED	June 11,18	170   Sast birthday) 91 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPAT	ION (Giva kind of work	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	nty & Stata, or foraign country)	12. CITIZEN OF	WHAT COUNTRY
None	pixing life, even il relirad)	None	Mars	land	USA	
13. FATHER'S NAME		Hone	14. MOTHER'S MAIDEN		00.7	
13. In thek 3 Hame						
	Griffith		Anni	e S. Taylor		
	ER IN U.S. ARMED FORCES		INFORMANT	Addrass	Nephew	1
	it yes give wat of deles of service		Pacil Mat	ley, Derwood	Iveral b	and
No	NP R PRIZ (C		. Dasii Mot	rey, berwood		RVAL BETWEEN
		sa per line for (e), (b), and (c).]				SET AND DEATH
PART I. DEAT	'H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ironchopn	uumonea		4	days
144			/ / /			
47	DUE TO	congestive 1	6. 7 11	/	3	3 days
Conditions, if eny	(0)	congestive se	uall face	ure	Of O	a days
gava rise to immad	PULL TO	1.	. /			
(a), stating the u	Indarlying	2. the male. The	A. line	ascular des	11111 6	1111-1
causa last.	) (c) (	cultivate and			rune /	
PART II. OTHE	R SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19	PERFORMED?
	uremia	_			Y	ES NO
		DESCRIPT HOW INVIDEN OCCUPE	D 15 A	Part 4 Part II - 5 (4 10 )		
OR CONTRIBUTING	TI CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURE	D. (Enter natura of injury in	Peri   or Pari II of Itam Ib.)		
U (IF EITHER, NOTIFY	MEDICAL EXAMINER	NONE				
20c. TIME OF INJU			ACE OF INJURY (Homa, lar ctory, straet, office bldg., etc		(County)	(State)
∑ p.m.	19	OI WOLK				

21. I certify that (I) (this hospital) attended the deceased from Nov. 30., 1961, to 74. In 1962, that (I) (we) last saw the deceased alive on 1962, and that death occurred at 7,4M, from the causes and on the dete stated above. 22a. SIGNATURI MED. DIRECTOR

22c. PHISICIAN'S 615 W. Montgomery Ave NAME (Type) Cromwell Stephen C.

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) 23c. NAME OF CEMETERY OR CREMATORY

Rockville, Maryland Rockville Cemetery 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Robert A. Pumphrey, Bethesda, Maryland Cirching & Times DAISER 1 3 '62

TO HOSPITAL director, pag. VR A15 (4) 15M 7/61

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Smilal 2/10/nz Rockville Cemeters Rockville, Maryland

Robert A. Pumphrey, Sethesda, Maryland

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 02029

. PLACE OF DEATH				
a. COUNTY,		2. USUAL RESIDENCE (Whare		idenca bafore admission
Montgomery	MARYLAND	Maryland	b. COUNTY Monte	gomery
b. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CfTY OR TOWN (If outside co		
write RURAL and pive nearest town)	1 1 M1.	FP Bethesda		
d. NAME OF HOSPITAL OR INSTITUTION (if not in	Ilmonth 7days	d. STREET ADDRESS		e. IS RESIDENCE
			I III Torre	ON A FARM
Kesmar JANITATIUM	. 5721 Grosvenor	LANE 5000 WE	estpath lerrac	YES NO
NAME OF First DECEASED	Middle	Last 4. DATE	Month	Dey Year
(Typa or print)	es. Frederick		H FeB.	2 1962
SEX   6. COLOR OR RACE   7 MA	RRIED NEVER MARRIED   8		9. AGE (In yeers   IF UNDER 1 YE	
MALE W WIDO	OWED DIVORCED	Nov. 22, 1874	8 7 yrs. Months Da	
ona during most of working life, even if ratirad)	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State,	or foreign country)   12. CITIZE	N OF WHAT COUNTRY
GRAIN DEALER		CANADA	1).5	4
. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Elihy HALL		JANE CUL	bert	
. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	WASHING ?
es, no, or sprown) (If yas give war or detas of service)	NONE L	CONARD HALL (SON	) - ,5000 West	OATH LINEDA
18. CAUSE OF DEATH [Enter only one cause			0000	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Pholing.	I has RAL	nerles	ONSET AND DEATH
IMMEDIATE CAUSE (a)	I reamonia	1 comes , M of	2400	SWKS
J 3 DUE TO	leston vas	ular ell	Sot	Eitte
			1/XE/Y	
Conditions, if any, which (b)	cerestovas	en u		0 000
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gave risa to Immediata causa (a), stating tha undarlying	cercarovas	enry acc		2 44
gave rise to Immediate cause (a), stating the underlying cause last. (c)			E CONDITION CIVEN IN BARY	ali 19 WAS AUTORS
gave risa to Immediata causa (a), stating tha undarlying			E CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
gave rise to Immediate cause (a), stating the underlying cause lest. (c)			E CONDITION GIVEN IN PART 1	
gave rise to Immediate cause (a), stating the underlying cause last. (c)	CONTRIBUTING TO DEATH BUT NO		Disease	PERFORMED?
gave rise to Immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT NO PROPERTY OF COURED	T RELATED TO THE TERMINAL DISEAS  THE STATE  (Enter nature of Injury in Part I or Part	Disease fl of item 18.)	PERFORMED? YES NO
gave rise to Immediate cause (a), stating the underlying DUE TO cause last.  PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 2	CONTRIBUTING TO DEATH BUT NO PROPERTY OF THE P	T RELATED TO THE TERMINAL DISEAS  THE STATE  (Enter nature of Injury in Part I or Part	Disease	PERFORMED? YES NO
gave rise to Immediate cause (a), stating the underlying DUE TO cause last.  PART II. OTHER SIGNIFICANT CONDITIONS  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT NO PROPERTY OF THE P	TRELATED TO THE TERMINAL DISEAS  THE HEAT  (Enter nature of Injury in Parl I or Parl  CE OF INJURY (Home, farm, 201, (C	Disease fl of item 18.)	PERFORMED? YES NO
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gave rise to Immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19  21. I certify that (!) (this hospital) at saw the deceased alive on2	DESCRIBE HOW INJURY OCCURED  Od. INJURY OCCURED  Od. INJURY OCCURED  Od. INJURY OCCURED  A factor of the deceased from	TRELATED TO THE TERMINAL DISEAS  OFFICE HEADY  (Enter nature of Injury in Part I or Part  CE OF INJURY (Home, farm, 201. (Cory, streat, office bidg., atc.)	fi of item 18.)  ity or town) (County	YES NO (State)  2 that (I) (we) late a date stated above
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gave risa to Immediata causa (a), stating the undarlying causa last.  PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING CONDITIONS OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19  21. I certify that (I) (this hospital) at saw the deceased alive on2	DESCRIBE HOW INJURY OCCURED  Od. INJURY OCCURED  Od. INJURY OCCURED  Od. INJURY OCCURED  A factor of the deceased from	CE OF INJURY (Home, farm, 20f. (Cory, streat, office bldg., atc.)  ATTENDING PHYS.  PREMINAL DISEAS	fi of item 18.)  ity or town) (County  o. 2, 196  om the causes and on the	YES NO (State)  2 that (I) (we) late a date stated above 22b. DATE
gave rise to Immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19  21. I certify that (!) (this hospital) at saw the deceased alive on2	DESCRIBE HOW INJURY OCCURED  Od. INJURY OCCURED  Od. INJURY OCCURED  Od. INJURY OCCURED  A factor of the deceased from	CE OF INJURY (Home, farm, 201. (Cory, streat, office bidg., atc.)  death occured at MM, from the property of t	ft of item 18.)  (County or town)  (County or town)  The causes and on the causes and on the causes.	YES NO (State)  2 that (I) (we) late a date stated above 22b. DATE
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in by the funeral OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after er death. ECTOR: After this certificate has been signed by the attending physician and completely filled nould be detached for use as the burial-transit permit. Then please remove carbon papers. Pagaste Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours a death. Page 4 mg.
TO FUNERAL.
director, page 5 VR A15 (4) 15M 9/60

1 3 1 1 1 1.75 1.75 Tockheids Betheads Stage Reservo & Santanana Erar Drawmondine . 3000 perfect from Contract Charles Predouch Hall Feb 20 HER MALE W No. 22 1874 87 GRAND DERILE US Elina Maria Death Coloret MONE (Learner House (in) - 3000 heatfurt force 000 Mary and the last of the main LEVER STREET CONTRACT OF STREET Commence to the first from the state of STEPHEN IN DETTER AN GITTE CHESTALL PERMETORILL nurial 2-5-62 millorest Bem. Cemetery ... Innapolis, maryland ROBERT A. HUMPHREY Bethesda, Md. Commercial Wales Commercial

VR A1S (4) 15M 7/61

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02040

	PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased lived, If Institution: Resident	ence before admission)		
Montgomery Manyland			Washington D.C.				
_	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	Bethesda (rural)	1 hour	Washing	gton, D.C. 47	V - 2		
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS	300H, D.C.	. IS RESIDENCE		
	U.S. Naval Hospital		707 C	C+ CP	ON A FARM?		
3.	NAME OF First	Middle	Last	-St. SE			
	DECEASED			OF			
5	VIMPERLI	LEE	HAM DATE OF BIRTH	9. AGE (In years   IF UNDER 1 YEA			
٥.	SEA OF COLOR OF RACE 7. MA	WKIED THEATY WYKIGED TO		last birthday) Months Days			
-	0110420	OWED DIVORCED	18 February		1 1		
10a do	na during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY?		
			Montgomery	y, Maryland	USA		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	TABLE 1		
	Charles Ralph Ham		Virginia	a Lee Zacny			
	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address			
{¥e	(Ifyesgivawarordatesofservica)	Fo	ther: Charle	s Rainh HAM Same as	45		
	18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c),	cher: Charte		NTÉRVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY	Neonatal	Death		ONSET AND DEATH		
	IMMEDIATE CAUSE (a)	MCOHAGAT	Death		_		
	DUE TO						
	Conditions, if any, which (b)						
	(a), stating the underlying DUE TO						
	cause last.						
Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
ATI					YES NO		
TFIC		DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in	Part I or Part II of item 18.)			
L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL			CE OF INJURY (Home, farm ory, street, office bidg., etc.		(State)		
MED		work at work					
	21. I certify that 10 (this hospital) at	ttended the deceased from	8 February	1962 to 18 February 62	that M) (we) last		
	saw the deceased alive on 18 Febr						
	22e. SIGNATURE	name and the	dealli occured aix.	J.M., - MAII THE Causes allo Oil The	22b. DATE		
	220. 3101111011		DUNC III	MED. STAFF PHYS. 18 Fe	bruary 1962		
	22c. PHYSICIAN'S	M M	22d. ADDRESS	JACOB THIS. A LO PE	bruary 1902		
S	NAME (Type) F.A. SCHUL	ANER, LT MC USN		Naval Hospital, Bethes	da, Md.		
231	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or county)	(State)		
	REMOVAL (Specify) RIRTAL 20 FEB 1962	MOUNT OLIVET		WASHINGTON, D. C.			
24	DUNINE	ADDRESS		C'D BY REGISTRAR 256. REGISTRAR'S SIGN	ATURE		
	W. W. CHAMBERS 517 11t	h ST SE WASHINGT		Chilles 2 1 102 Chilles 2. 76	caudh		
	110 110 02212		1 1				

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V.A. PILLY, R. R. II. W. DER U.S. HAVEL Modelands, parthybling 151.

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	DIVISION OF STATISTICAL RESEA	RCH AND RECORDS - BALTIM
02050	CERTIF	ICATE OF DEATH

1	1. PLACE OF DEATH o. COUNTY
1	b. CITY OR TOWN

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission

02041

1	o. COUNTY	Monta	omery	MARYLA	AND	O. STATE MARY	HANT	P. CONNIA	Mon	3740	mi	e 24
	RURAL and	WN (If outside corpo give negrest town) thesda		c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If or Beth	utside carpo Lesda		JRAL and	give near	rest Iown	)
	OR INSTITU			oddress)		1 d. STREET ADDRESS 5516 C	harl	este st		e		PARM?
	3. NAME OF DECEASED (Type or print)		First a	9 ibbon		AMME R	4. DATE OF DEATH	Feb		2 4		Yeor 1962
	5. SEX Female		R RACE 7. MAR	RIED NEVER MARRIED	-	Date of BIRTH	386	9. AGE (In years lost birthdoy) 75 yrs.	Months	Doys	Hours Hours	Min.
	during most o	JPATION (Give kind of working life, even in	f retired)	. KIND OF BUSINESS OR	INDUST	Phila.	_	ountry)		ZEN OF	_	OUNTRY
	13. FATHER'S NAM	narles	5. 9	noddi		14. MOTHER'S MAIDEN N Ama O		sen.				12
)	15. WAS DECEASI (Yes, no. or unknown)	ED EVER IN U. S. ARA	dates of service)	. social security no.		own L. HAN	NME	ete 1.	21 h	pica		N.
	PART	1. DEATH WAS CAUS	ED BY:			temoroho.	4			ONSI 2	RVAL BE ET AND Le tes	DEATH
	gove rise	to immediate toting the under-	(b) DUE TO (c)		1	od toter		lerosis		-	541	<b>Z</b> .
	20a. ACCIDE	II. OTHER SIGNIFICA  Proto I  NT WAS UNDERLYIN UTING CAUSE OF OTIFY MEDICAL EXA	G DEATH 20b. DE	STECTOMU	- B	OT RELATED TO THETERMII	MAI	righan			PERFO	DRMED?
	Hour	INJURY Month, E o. m. p. m.	While			E OF INJURY (Home, farm, bry, street, office bldg., etc.		y or town)	(1	County)		(Stote
				ded the deceosed f		may 19 ath accurred at 2:30						4.
	22c. PHOSICIA	Jame		Nolan		ATTENDING _ ME	57.4	STAFF PHYS.				b.DATE SIGNED
- 1	220. 11(13)(1)	414.31				IAAG. MUUKESS						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 PR: After this certificate has been signed by the attending physicion and campletely filled elached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 or and in any event, within 72 hours after death. prior to burial, cremation, or remaval, the hospital ar attending physician. page 3 shauld the State Board of TO FUNERAL DIR VR A15 (4) 15M 9/59

unerol director, d be filed with

. =

23b. DATE THEREOF 2-25-62 23c. NAME OF CEMETERY OR CREMATORY Ivy Hill

Cemetery

5401 Western HUENW 23d. LOCATION (City, town, or county)

(Stote) Ht. Airy, Penna.

24. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. **PUMPHREY** 

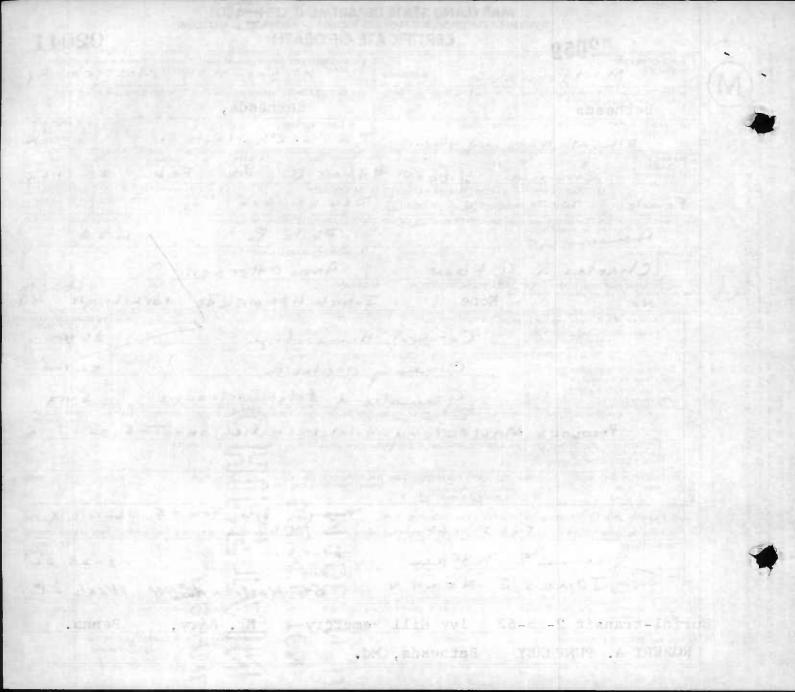
230. BURIAL, CREMATION,
BURIAL (Specify)
Burial - trans

ADDRESS Bethesda, Md.

NOLAN

25a. REC'D BY REGISTRAR DATE

25b. REGISTRAR'S SIGNATURE



AA A DAZE A DED	COL A SEC	DED A DESARRISE	0.5	BRICA COLL
MARYLAND	SIAIE	DEPARTMENT	OF	HEALIH
1111/21/ 1 = 1-11/2				

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12069

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacased lived, If institution; Residence before admission) a, STATE b. COUNTY
Montogemery MARYLAND	Maryland Montgenery
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town)
Bethesda 46 days	X Bethesda
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
The Clinical Center, Bethesda l4, Md.	6408 Red Wing Road YES \( \square\) NO \( \sqrt{K} \)
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Typa or print) Wendell Deady Hance	DEFERENCE - 1 30 40 40
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	November 4, 1913 48 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, avan if ratired)	
Economist Gowernment	Illinois U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oscar M. Hance	Anna Deady
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unknown) (Ifyasgivewarordatasofsecvice)	INFORMANT The Medical Records
	e Clinical Center, Bethesda 14, Maryalnd
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Hypernephroma	ONSET AND DEATH 2 Years
Minima Mile Cross (a)	
Conditions, if any, which the Leurocristine toxi	city 2 weeks
gave stee to to be delicated and the second state a	
(a), stating the underlying DUE TO Fever of unknown o	
causa last. (c) Malnutrition secon	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAI	YES 🛣 NO 🗌
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEATH BUT NO DEATH BUT NO DEATH BUT NO DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter natura of injury in Part I or Part II of itam 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m.  Whila Not Whila tac	tory, straat, office bldg., atc.)
	Towns 2 10 60 to February 20060 that (44 (1110) last
21. I certify that (t) (this hospital) attended the deceased from.	January 3, 19.62 to February 181962, that the (we) last
	t death occured af
22a. SIGNATURE ROUGH S. Revelon, MD.	ATTENDING MED. STAFF PHYS. E February 19, 1962
22c. PHYSICIAN'S	22d. ADDRESS The Clinical Center, National
NAME (Type Richard S. Rivlin, M.D.	Institutes Of Health, Bethesda 14, Md.
230. BUMAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	
CREMOVAL (Specify) 2-20-62 Leea	Cremator Washinst 11.C
24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REG D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
In INT Toe 300. 4th NE. ( Wash.	A. C. DATEEB 2 3 '62 arthury & Krons
Till her have a	J. C. INNIFED E & OF I CHANNI A. THAM

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VR A15 (4) 15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02043

1. PLACE OF DEATH a. COUNTY  Montgomery  MARYLANE	a. STATE	VCE (Where deceased lived, If institution b. COUNTY	Montgomery					
b. CITY OR TOWN (il outside corporate limits, write RURAL end give nearest town)  Chevy Chase		(If outside corporate limits, write RUR,	AL and give neerest town)					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  5004 Keokuk St.	d. STREET ADDRESS	9	o. IS RESIDENCE ON A FARM? YES NO					
3. NAME OF First Middle DECEASED (Type or print) KATE	HANSHEW	4. DATE Month OF DEATH Feb.	Dey Year 25. 19 62					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	12/23/18	9. AGE (In years IF UN last birthday) Mon	NDER 1 YEAR IF UNDER 24 HRS.					
Ma. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  13. FATHER'S NAME	STRY 11. BIRTHPLACE (Cou	gton, D. C.	2. CITIZEN OF WHAT COUNTRY					
Charles J. Brewer  15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unkown) [ (If yes give we ror dates of service)]	Ann Ann Informant	ie S. Divine						
(a), stelling the underlying DUE TO Cause lest. (c)	NOT RELATED TO THE TERM	l artery	N PART 1(e)  19. WAS AUTOPSY PERFORMED? YES NO PART NO					
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
p.m. 19 et work et work	factory, street, office bldg., et	te.)	(County) (Stele)					
21. I certify that (I) (this hospital) altended the deceased from., 1952, to Fibruary 25, 1962, that (I) (we) last saw the deceased alive on Fibruary 25, 1962, and that death occurred at 2.1247 from the causes and on the date stated above.								
220. SIGNATURE  SCHOOL SIGNATURE  120. PHYSICIAN'S NAME (Type) ALFRED BAER 12.D.	M.D. ATTENDING PHYS. 22d. ADDRESS 2	MED. STAFF DIRECTOR PHYS. T	Feb. 25, 1962					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER PROVAL (Specify) 2/27/62 Mt. Olive	ry or crematory	Frederick, M	(Stete)					
Robert A. Pumphrey, Bethesda, M		EC'D BY REGISTRAR 25b. REGISTR	A. Thous					

5000 Keeknik St.

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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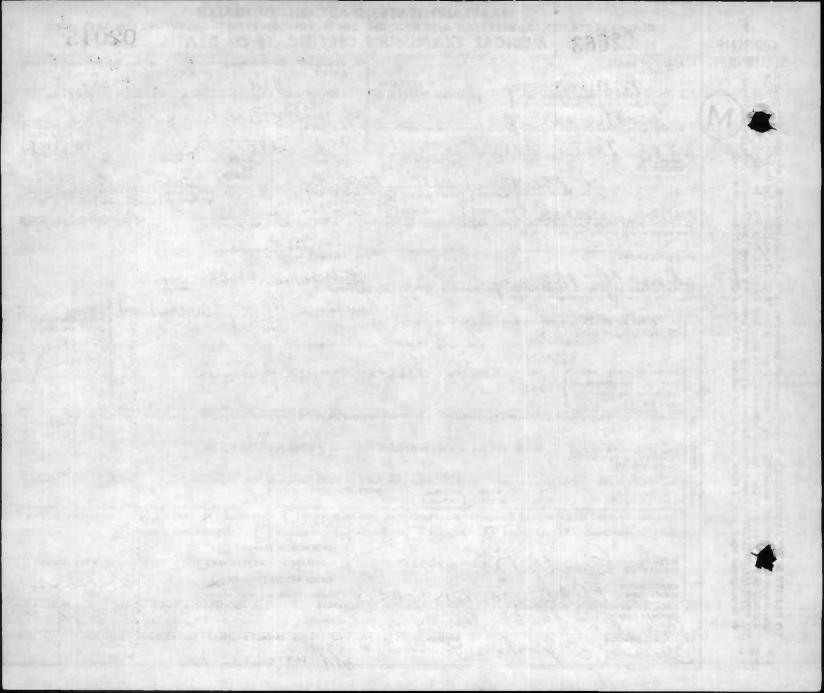
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ñ		PLACE OF DEATH UU &	2. USUAL RESIDENCE (Where decessed lived, If Institution, Resi	dence before edmission)
		Ma	e. STATE b. COUNTY	
			c. CITY OR TOWN (If outside corporate limits, write RURAL and	gower R
		write RURAL end give needest town)	Y 0	
		Dethesda 34 days	1 GaITHERS BURG	
-	(	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street edeross)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
	Time.	SUBURBAN HOSPITAL	ROUTE #3	YES NO THE
		NAME OF First Middle	Lest 4. DATE Month	Dey Yeer
		DECEASED (Type or print)	// DEATH 7	13 19 62
	5.	INN SI	MANSON	00
	٥.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YE lest birth dey)  Months   Dev	
	_ /	-emare White WIDOWED DIVORCED	10/23/88 73 yrs.	
	10e.	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foleign country)   12. CITIZE	N OF WHAT COUNTRY?
	401	, ,	MASHINGTON D.C 11	. 9
	13.	FATHER'S NAME	WASHINGTON DICLU	
1		EMU Prana Cama == 0	MANU P LINE	0
)	15	-MIL GEORGE SCHAFER	MAKY C. WALLE	
1		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. II s, np. pr unkown)   (Ifyesgive werordates of service)	INFORMANT Address	A
		NO UNK-	SON KOBERT 6008 KIA	BY KD BETH
		18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Grand Control of the Control of the Control	2 DAUS
		17/12/		
		DUE TO DELINE	0.11.0=	111000
		Conditions, if eny, which geve rise to immediate cause	AILURE	INEEK
		(e), steling the underlying DUE TO	11	
		ceuse lest. (c) CARCINOMIT	UTERUS	3 MOS
)	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED?
	Ě	FRACTURE Left HIP		YES NO NO
	CERTIFICATION		. (Enter neture of injury in Pert † or Pert II of item 18.)	1 4
	ER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	1 1			10
	MEDICAL		CE OF INJURY (Home, ferm, 20f. (City or town) (County ory, street, office bldg., etc.)	) (Stete)
	ME	p.m. 19 et work et work		
		21. I certify that (I) (this hospital) attended the deceased from	AUG 17 1961 to FEB 23 1961	that (I) (we) last
		saw the deceased alive on FEB 22 1962, and that		
		22e. SIGNATURE	death decerted displaying from the education and on the	22b. DATE
		16/1	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 7	3 3 / SIGNED
		22c, PHYSICIAN'S	22d. ADDRESS	23/02
		NAME (Type) ROBERT GEORGE BREWE		& ROTHMO
				טויוחוטנו
		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
	11	Greamation 2/23/62 - Ft Lincoln	Prince George (	o. Md.
		FUNERAL DIRECTOR'S SIGNATURE 1331 ADDRESS	ELY AVE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	
1		Tyson Wheel er Funeral Home Rockville, M	d. DATE FEB 2 6 '62 Cuthun 8. 1	Trava
			TONIE PER SE TE COOKINT 2. 7	

F(1150) CANALINETE DE LIBER DE STOPPING OF YORKY CONTRACTOR STOPPING TO THE Son MARIN SON MARIN MARINES 2400 00 STANI I STATE TAXES 2314.8 FRACTURE LOST HIP CONTRACT ACT TO BE SEED OF THE SEED OF NORTHER CLEARLY BILLY BILL BUILD PAR BETTIND The state of the s erron theel at twee states secretary, see the second of th

# FOR STATE HEALTH DEPT. 1. PLACE O

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02063 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02045

CARTIL DELL.		2. USUAL RESIDENCE (Where decessed lived, it institution; residence ber	ore edmission)
. eg <del>⊆</del>		MARYLAND STATE MAL B. COUNTY MORETA	
P e e	-		f fown)
0 5 7	1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give a bares write RURAL and give a bare write R	
A A IV		Taitherstown & Kuthenburg	
18 000	1		ON A FARM?
			NO 🔽
5.2.2	3.	3. NAME OF First Middle Last   4. DATE Month Day	Yoor
etail s Sta deal		DECEASED OF	
the of the		(Type or print) Robert Neal Hardy DEATH Jeb 12	19 6 2
# 4 E E	5.	1. MARKED	NDER 24 HRS.
De (§ ≯ si		Mal widowed Divorced 2-2-62 last birthday Months Deys Hou	rs Min.
10 P	10=	10b. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Steta or foreign country)   12. CITIZEN OF WH	AT COLINTRY?
2 9 2 2		done during most of working life, even if refired)	AI COUNIKII
Pass		- mel	
5 6 3 G	13.	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
TO SEE		1 10 11 1	
SEE L	15	Descale Hardey 16. SOCIAL SECURITY NO. 17. INDOMANT Address Address	
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown)   (Ifyesgive were redeles of service)	
with formal servit.		(garine Harly (mother) Ilin	2_
<u>a</u> ≥ × <u>a</u>			BETWEEN
in grantistical distriction of the state of	ы		ND DEATH
alor rran and		IMMEDIATE CAUSE (a) Usque Som	L'des.
ped ce		L 3 U DUE TO	6.04
in Series		Conditions, if any, which \ (b) at spec Received by tracking bracken	-cop
o se		geve rise to immediate cause	
din		(a), staring the underlying	
mir mir	-	16)	AC ALIZODEN
T X P O	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)	AS AUTOPSY ERFORMED?
d be d be	131	YES [	NO X
	E	20e. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.)	
Medi houl	E	PRIMARY OF CONTRIBUTING CONTRIB	
T 3 8 5	1		
Chiri	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (Counfy)	(Stete)
> 00.	WED	Hour e.m. While Not While rectory, sheet, office dray, sheet, offi	
to the OR:			y opinion
			,
Certiff Carded DIRECT od agent,		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .	
P E S		CHIEF MEDICAL EXAMINER	
AB		SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE	SIGNED
A I A		DEPLITY MEDICAL EXAMINER	10
NERAL Didesignated		EXAMINERS LDI (V)	-62
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shoul FUN its d	220	armoval (control	-
<u>7</u> 40 g	1	Burial 2-14-62 Cerlington habional Certificon 7	a
	23	23. CUMERAL DIRECTOR 246. REGISTRAR 246. REGISTRAR'S SIGNATURE	
VS. AISME	1/	Gruest 6 - Farkur Jaithirt burg	
	9 6	ON NOTIFIE 1 4 62 Oribus & Thomas	
5M 9/60		The last the	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02046

1. PLACE OF DEATH		0-10-10-10-10-10-10-10-10-10-10-10-10-10		2. USUAL		CE (Where decess	ed lived, if i		dence bafore edmission)
L CITY OF TOWAL	MOII G	omery	T-20-FILE WASSE				P1 14 14 14	Ca number	croll
write RURAL and	giye nearest town)	rs,	c. LENGTH OF STAY IN			f outside corporate	limits, write	KUKAL and gi	ive neerast town)
Bethesda			37 days		Vestmin	nster		06	27.2
d. NAME OF HOSPI	TAL OR INSTITUTION (	if not In hos	pital, give streat address)	d. STREE	T ADDRESS				e. IS RESIDENCE ON A FARM?
The second secon	Naval Hos <b>p</b> i	tal		152	2 West	Main St	reet		YES NO X
3. NAME OF DECEASED	First		Middla	Last		4. DATE	Month	C	Dey Yaar
(Type or print)	Rich		Cresso	n Har	rlow	DEATH	Februa	ry 19,	19 62
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BI	RTH	9. At	GE (In yaers   at birthday)	IF UNDER 1 YE	
Male	Caucasian	WIDOWE	D DIVORCED	Octo	ber, 19		72 yrs.	Months Day	ys Hours Min.
10e. USUAL OCCUPAT	ION (Giva kind of work	10b. K	IND OF BUSINESS OR INDU			ty & State, or fora	ign country)	12. CITIZEI	N OF WHAT COUNTRY
done during most of wo	rking lita, avan it refire	d)		Per	nsylva	ania			USA
13. FATHER'S NAME		1		14. MOTHE	R'S MAIDEN I	NAME			
Louis Harl	OW			Eug	enia P	ritchet			
15. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES?   16.	SOCIAL SECURITY NO.   1	7. INFORMAN	r		Address		
(Yas, no, or unkown) (I	fyas give war or datas of s	ervice)		Hospit	al Rec	ords			
	EATH lEnter only one	causa par l	ina for (e), (b), end (c).]	Hoppio					INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:								ONSET AND DEATH
300	IMMEDIATE CAUSE (a)		dear arr						
332	DUE TO		well This						
Conditions, if any	which (b)	Cere	ebeal Hur	mbose	1				
gave rise to immedi (a), steting tha u	DIJE TO								
cause last,									
PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE CON	IDITION GIV	EN IN PART 1(	
) I V									YES NO A
OF CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	JRED. (Entar natura	of injury in F	Part I or Pert II of i	tem 18.)		
ZOC. TIME OF INJU	RY Month, Dey, Ye	er   20d.	INJURY OCCURRED   20e.	PLACE OF INJURY	(Home, farm	, 20f. (City or	lown)	(County	) (Steta)
Hour a.m.	19	While at work	k Not While	factory, streat, offi	ca bldg., atc.	)			
21. I certify t	hat 10 (this hospit	al) atten	ded the deceased fro	Jan.	13.,,	1962, to F	eb. 19	J, 19!	62hat (4) (we) las
saw the deceas	sed alive on	eb. 19	2.,1962 and 1	hat death occ	ured at1	:20AMm th	e causes	and on the	date stated above
22a. SIGNATURE		1/1	~	1					22b. DATE
1	mes of	Ca	mark	M.D. ATTEND			HYS.	Febru	ary 19, 196
22c. PHYSICIAN'S	1		A	22d. Al					
MAME (Type)	JAMES J. (	CAVANA	GAH LT MC US	U. S	. Nava	l Hospit	al, Be	thesda	, Maryland
23a. BURIAL, CREMATI	ON, 236. DATE THE	REOF	23c. NAME OF CEMETE	RY OR CREMATO	RY	23d. LOCATIO	ON (City, tow	n or county)	(Stete)
REMOVAL (Spacify) Burial	2-22-62		Pine Groot	re Cemete	ry	S.	Sterl	Ling, P	a.
24 FUNERAL PIREGOR	SULUNIUME 1	er H.	7. Echoleresselt		25a, REC	'D BY REGISTRAF	25b. REG	ISTRAR'S SIG	NATURE
J. BY MYE	RS Juneral	Home,	Westminster,	Md.	DATE F	EB 21 '62	0	eriner 8 1	Minus A
					4.0		-		

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. aby the funeral death. Page 4 may be retained by the hospital or attending physician.

O FUNERAX RECTOR: After this certificate has been signed by the attending physician and completely filled director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Page filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours and TO FUNERAL director, page VR A15 (4) 15M 7/61

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C. C. Ceverl Hospital

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
02047 COACE

a. COUNTY					2. USUAL RESIDENCE (Where decesed lived, If institution: Residence before edmission)  b. COUNTY  b. COUNTY							
	Montgomery  b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b											
write RURAL and give nearest town)				IN ID	c. CITY OR TOWN (If outside corporete limits, write RURAL end give naarest town)							
	Bethesda 7 days				Hudson			1/0	X 2			
d. NAME OF HOSPIT	AL OR INSTITUTION (	if not in hosp	oital, giva straat address	s)	d. STREET ADDRESS	5				RESIDENCE A FARM?		
	cal Center	, Beth	esda 14, M	d.	Box 475					NO K		
3. NAME OF DECEASED	First		Middle		Last	4. DAT	E Month		Day Ya	er		
(Typa or print)	Lula		Macbell		Harris	DEA	reb	ruary	8, 19	-		
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D/	TE OF BIRTH		9. AGE (In years last birthdey)		YEAR IF UNDE	Min.		
Female	White	WIDOWE	DIVORCED	□ Ju	ne 3, 190	8	53 yrs.	Months	Bys   nours	Min.		
10e. USUAL OCCUPAT	ON (Give kind of work	10b. KI	ND OF BUSINESS OR II				or foreign country)	12. CITIZ	EN OF WHAT	COUNTRY?		
Textile w		,	Textile		North	Caroli	na		U.S.A.			
13. FATHER'S NAME				14.	MOTHER'S MAIDEN	MAME						
Augustus	Benfield				Kate Mun	dv						
15. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES?   16.	SOCIAL SECURITY NO	. 17. INF			1 Record					
(Yes, no, or unkown) (I	i yas give war or deles ors	21	1-05-1866		linical C				Marylan	d		
18. CAUSE OF D	EATH (Enter only one	cause par li	ne for (a), (b), and (c).						INTERVAL B	ETWEEN		
PART 1. DEAT	H WAS CAUSED BY:	Acute	cardiac fa	ilure	re Onset and dea							
420	DUE TO			hear								
Conditions, if any		Arter	iosclerotic			2						
gave rise to Immedi				44011 01								
(e), stating the u	nderiving i	Acute	Myelogenou	ıs Teni	cemia				1 mor	nth		
			TRIBUTING TO DEATH			INAL DISEA	SE CONDITION GIV	EN IN PART 1	I(e)   19. WAS	AUTOPSY		
PART II. OTHER OF CONTRIBUTING OR CONTRIBUTING U (IF EITHER, NOTIFY									YES X	NO T		
20a. ACCIDENT W.	AS UNDERLYING	20b. DES	CRIBE HOW INJURY O	CCURED. (En	ter natura of injury la	n Pert I or Pe	rt II of itam 18.)					
	CAUSE OF DEATH MEDICAL EXAMINER)											
20c. TIME OF INJU	RY Month, Day, Ye				F INJURY (Home, fastreet, office bldg., et		City or town)	(Coun	ly)	(Stete)		
Hour e.m.	19	While at work		10010177	most, office biog., of	1						
	hat (X (this hospi	tal) allend	led the deceased	fromFet	ruary 1	1262	. Februar	y . 8, 19.6	52 that (%)	(we) last		
saw the deceas	ed alive on Feb	ruary	8, 19 62 an	d that de	ath occured at.	15 AM	om the causes	and on th	e dale stal	ed above.		
22e. SIGNATURE	20 -11	1				- 4				b. DATE		
	wheret	Na	ven	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Februa	ry 8, 1	L962		
22c. PHYSICIAN'S					2The Olin	ical (						
NAME (Type)	Robert H	. Lev:	in				hesda 14					
23a. BURIAL, CREMATI	ON, 23b. DATE THE	REGE	23c. NAME OF CEM	AETERY OR			CATION (City, to			(Stata)		
BURTA	, FE8 . 11	162				15	ENOIR	, NO!	RTH (	CHAL		
24 FUNERAL DIRECTOR	'S SIGNATURE	0	ADDRESS	r.M.P	young 250. RI	EC'D BY REC		GISTRAR'S SI				
martin li	1. Hysong	60,	1300 - N.	5.00	DATE	1 3 '62	Cuth	us S. Fr	MA			
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L. Luciani,

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# FOR STATE tor. Page vr files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executed metal graphs are string the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be 12 mg, ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained fol TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State Bos or its designated agent, prior to burial, cremation, or removal, and in any event within 72Meters after death.

VS. AISME 5M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02048 CERTIFICATE OF DEATH

	e. COUNTY	a. STATE b. COUNTY
1	MARYLAND MARYLAND	ma mmta
J	b. CITY OR TOWN (if outside corpo eta limits, c. LENGTH OF STAY IN 1b write BURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give feerest town)
1	1 Clarke DOA.	17 Takoma Rask
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS
1	m + W. 0 11.1	5/2 DOMA COLE YES IN NO IS
	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
	DECEASED (Type or print)	OF 1
	Vices Isbeth I'lle	Tel 1962
1	5. SEX 8. COLOR OF RACE MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.    last birthdey   Months   Days   Hours   Min.
1	Kleigh white WIDOWED DIVORCED -	4-4-1913 48 yrs. 10015
	109. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired)	Spot by Livania Country) 12. CITIZEN OF WHAT COUNTRY?
ı	IM. I Harris	Va. 8. a
ł	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ı	Huston Acors	Brooks Nolie
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	
1	(Yes no, or unkown) (Ifyesgivewerordelesofservice)	INFORMANT 801 N. Address Stevend St. Truce Heflin Richard V3
1	yes IL	rence Heffin Richard VB
1	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
I	PART I. DEATH WAS CAUSED BY: Continsions med. obt	ongata - Suteractored hum Centellan
1	DUE TO A	
ı	W 24 2 1	- hempertoneum hem. 250 cc
ı	geve rise to immediate cause	- hemoferetoneum hem. 250 CC
1	(a), stating the underlying DUE TO	
1	cause lest. (c) Mulliple lateration	- If splein & Luai - mother chief, M
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT LAND TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS  CAUSE OF PEATH.	YES NO 🖸
1	208. EXTERNAL CAUSE WAS   206. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert II of item 18.)
	PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.	1 - drim
3	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PL	ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete)
	While Not While	ctory, street, office bldg., etc.)
		1 R-29 Sumpsomalle Harvard max
1	21. I certify that I took charge of the remains described above, he	
1	death resulted from: Natural causes, Accident 💢, Suid	cide, Homicide, Undetermined manner
1	1	CHIEF MEDICAL EXAMINER
1	ACTUAL the A Charthert	ASSISTANT MEDICAL EXAMINER DATE SIGNED
1	SIGNATURE STATEMENT	DEPUTY MEDICAL EXAMINER
	NAME (Type) FRANK T. Bhoschart	Address (Street, city, town, or county)
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
	REMOVAL (Specify) Burial 2-20-62 Arlington Natio	onal Cemetery Arlington-ArlingtonCo.Virginia
	23. FUNERAL DIRECTOR PALLON OF ADDRESS 34 GOOT	A A A DECID BY REGISTRAD 1 244 DECISTRADES CICNATIBE
	1,004,00,00	gia Ave 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  MA  DATER 2 1 '62 Archer S. France
	Warner E. Pumphrey, Inc. Silver Spring, 1	Md. DAFEB 21 '62 animy S. Trans

84020 A ST REPRESENTATION A BELLE SE PROGRAMME OF THE WORLD WAR CONSTRUCTION Talman and the control of the contro Mariet C. Pumbers, the State Spring, Ma. - Continue Co.

EET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY e. STATE b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside copporate limits, LENGTH OF STAY IN 16 22 OR INSTITUTION (if not in hospital, give street address 3. NAME OF DATE Middle DECEASED DEATH (Typs or print) AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. carbon DATE OF BIRTH MARRIED NEVER MARRIED last birthde y) and Months WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratifed) 12. CITIZEN OF WHAT COUNTRY? FATHER'S NAME MOTHER'S please Address WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO (Yes, no, or unkown) | (Ifyes give were detes of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one ceuse per lina for (e), (b), end ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geva rise to immediate cause DUE TO (a), steting tha underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH NONE (County) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from. October 1954 to Jeb. 18 1962 that (1) ( ) last saw the deceased alive on. 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. death. Page 4 22d. ADDRESS 22c. PHYSICIAN ector, 238. BURIAL, CREMATION, | 238. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY

Monocacy Cemetery

Rockville, Maryland

1331 EastDRESOntgomery Ave. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE FEB 21

e. IS RESIDENCE

2 day

WAS AUTOPSY

PERFORMED? NO A

(Stete)

22b. DATE

Beallsville, Maryland

arthur & Kinus

SIGNED

Year

Hours

ON A FARM? YES NO

O F H VR A15 (4) 15M 9/60

REMOVAL (Specify)

24 FUNERAL-DIRECTOR'S SIGNATURE

ereso Latical ducard Alasteria Villa vera W. C. Heplin. Calus Theyer good THE STATE OF THE PROPERTY OF T The Constant of security of mention the second the design toward and the state and resemble from party The second secon a distance of the second Stephen C. Comment Mass. Rendered District The second of th

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERACT SECTOR: After this certificate has been signed by the attending physician and completely filled to the funeral. Section papers. Page and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours amort death.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha	A15 (4) M 9/60
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MARYLAND STATE DEPARTMENT OF HEALTH

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<b>DIVISION OF STATISTICAL</b>	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, B.	ALTIMORE 1, MARYLAND
02068	CERTIFICATE	OF DEATH		02050

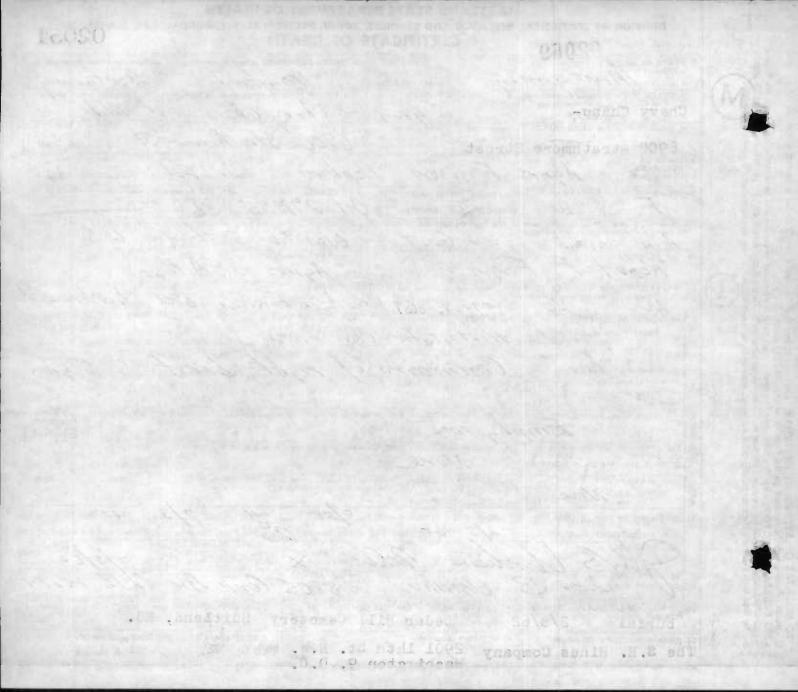
	ACE OF DEA	TH		A ELISTIC		2. USUAL RESIDEN	VCE (When	b. COUN		Residen	ce before e	dmission)
_ Mo	ontgome	rv_		MARYLAI	ND	Tennes	ssee	0. 000	***			
ь. С	CITY OF TOWN	(if oulside corporete limi	ts,	c. LENGTH OF STAY IN	N 15	c. CITY OR TOWN	(If outside o	corporete limits, write	e RURAL en	d give	neerest tow	n)
Ве	ethesda	and give meanest to will		53 days		Green	ville			79	X . 3	7
d. 1	NAME OF HOS	PITAL OR INSTITUTION	if not in hos	pitel, give street eddress)		d. STREET ADDRESS						ESIDENCE A FARM?
		cal Center,	Bethe	sda 14, Md.		615 F1	rankli	n Street				NO 🔼
	AME OF CEASED	First		Middle		Last	4. DAT	'E Month	h	Dey	Yee	r
	pe or print)	Mary	7	Sue		Hite	DEA	TH Februa	ary	1	9 19	62
5. SEX	(	6. COLOR OR RACE	7. MARRIE	D X NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years				
	male	White	WIDOWE		F	ebruary 12,	1928	last birthdey) 34 yrs.	Months	Deys	Hours	Min.
10a. L	JSUAL OCCUPA	ATION (Give kind of work working life, even if retire	( 10b. K	IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Cou	inty & State	, or loreign country)	12. CI	TIZEN O	F WHAT C	COUNTRY?
	usewife	the state of the s	,	None		Tenne	essee		10.	U.	S.A.	
13. FA	THER'S NAME				- 1	14. MOTHER'S MAIDEN	NAME					
The	omas Da	niel Boles				Anna Flor	ra Kes	sterson				
15. W	AS DECEASED	EVER IN U.S. ARMED FOR	CES?   16.	SOCIAL SECURITY NO.	17. 11							
(Yes, n	o, or unkown)	(If yes give we rordetes of s	ervice)			Clinical Co				Mar	vland	
410	. CAUSE OF	DEATH [Enter only one	cause per l		1110	OLLINICAL O	011001	, Do onob ac		INI	TERVAL BET	WEEN
		ATIL WAS CALISED BY		onary Insuff	Pi o i	onar					vset and i	
	13	× 2		onary Insuri	TCI	ency				~	WCCAL	
		DUE TO		C D		th Matao	+			170	mont	tha
	onditions, if e		Uarc.	inoma of Bre	eas	with Metas	Lases			10	) IIIOIII	0112
	), steting the	DIJE TO										
	use lest.	) (c)										
o	PART II. OTH	HER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BE	UT NO	T RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	VEN IN PAR	T 1(e) 1	9. WAS A	RMED?
Y _											YES K	NO 🗍
₩ OF	CONTRIBUTION	WAS UNDERLYING []	20b. DES	CRIBE HOW INJURY OCC	CURED.	(Enter neture of injury in	Pert I or Pe	art II of item 1B.)				
		FY MEDICAL EXAMINER)										
WEDICAL 20	Oc. TIME OF IN Hour e.m p.m	).	While	_Not While		CE OF INJURY (Home, fer ory, street, office bldg., et		(City or town)	(Co	unty)		(State)
21.	. I certify	that XI) (this hospi	tal) atten	ded the deceased f	romD	ecember 28,		. Februar				
sa	w the dece	ased alive on Feb.	ruary.	19.19.62., and	that	death occured at.	25 <sub>M</sub> A	on the causes	and on	the da	ate state	d above.
22	e. SIGNATUR	E Milan	0	500		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Fahmu	0.777		. DATE SIGNED
22	e. PHYSICIAN	'S		lucia	M.	22d. ADDRESSTh			Febru			
	NAME (Ty		rield,	M.D.				nical Cen Health, 1	,			
23a. B	SURIAL, CREMA	ATION,   23b. DATE THE	REOF	23c. NAME OF CEME	TERY C			OCATION (City, Io				tote)
	Yeyhols a						Gr	eenevil	le, Te	enne	esse	9
24 FU	NERAL DIRECT	OR'S SIGNATURE		ADDRESS	MA		EC'D BY RE	GISTRAR 256. RE				
The	S.H.	Hines Co	2901	14thSt.,N	W.W	. Wash . DATE F	EB 21	162 0	inium d	?. 7 Tra	ма	
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02051

		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if Institution: Residen e. STATE b. COUNTY	nce before edmission)
		MARYLAND MARYLAND	Manstand Mont	5 concery
)	(	b. CITY OR TOWN (if oulside corporete limits,  c. LENGTH OF STAY IN 1b  Chevy Chases  Chevy Chases	c. CITY OR TOWN (If outside corporate limits, write RURAL end give	neerest town
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
		6900 Strathmore Street	6900 Strathrone St.	YES NO
		OECEASED (Type or print) AGNES FORGUSEN +	Hopkins d. DATE Month, Dey OF DEATH F.6 3	1962
	5.	SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8    WIDOWED   DIVORCED	8. DATE OF BIRTH  Oct. 2 9/905  9. AGE (In yeers   IF UNDER 1 YEAR   Months   Deys   World   Months   Deys   Months   Mon	Hours Min.
	do	MUSUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)  ACKED TO STATE OF THE CONTROL OF BUSINESS OR INDUSTRED TO STATE OF THE CONTROL OF BUSINESS OR INDUSTRED TO STATE OF THE CONTROL OF T	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN C	S WHAT COUNTRY?
1	13.	Robert F. Forguson	AGMES V. Arthur	
)		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. no, or unkown) (If yes give were reference) 5 79 - 44-6651	informant Address Forgesian 6900 State	the now I
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)		TERVAL BETWEEN NSET AND DEATH
		Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.	of right breat	5 yang
5	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 18.)	
	MEDICAL		ACE OF INJURY (Home, ferm, 20f. (City or town) (County) story, street, office bldg., etc.)	(State)
		21. I certify that (I) (this hospital) attended the deceased from	in the	
		Str & Anken Mike	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 2/3	22b. DATE SIGNED
		PAYSICIAN'S NAME (Type JOHN B (IMHAIU	22d. ADDRESS 8805 Conn. Age. Ch. 14	15 MM
		REMOVAL (Specify) 2/6/62   23c. NAME OF CEMETERY Codar Hil	ll Cemetery Suithand, Md.	(State)
N		he S.H. Hines Company 2901 14th Washington	St. N. W. AATE 6 52 25b. REGISTRAR & SIGNA AATE 6 52 Cuthun S. H.	
		TICOLLIECUL		



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL MERCION: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 4 may be detached for use as the burial-transit permit. Then please remove carbon papers. Page 4 and 2 should be filled by the state permit. Then please remove carbon papers. Page 5 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remove any event, within 72 hours after peath.

### MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12052 02070 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before admission)
a. COUNTY mont aumore	MARYLAND O. STATE Md. b. COUNTY Mont.
b. CITY OR TOWN (if oulside comprete limits, / c. Al	NGT/I OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest lown)
write RURAL and give peers town)	he Almin Tililor Troring 16
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g	
J'ub urban	8310-16 H. JT, V YES NO X
3. NAME OF DECEASED	Middle MAY Last 4. DATE Month Dey Yeer
(Type or print) E def the	VILLE HOPE DEATH 1-66, 4 1962
5. SEX 6. COLOR OP TACE 7. MARRIED	NEVER MARRIED B. DATE OF BUTTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
female white widowed i	DIVORCED 3/2/9/ Tast Dirindey) Months Days Hours Min.
Oa. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOMEMAKER OWN	HOME MASH. D.C. U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME CARRIGAN
(unknown) HE	iss Harence C. FITCH
	L SECURITY NO. 17. INFORMANT Address
(Yas, no, of unkown) (Ifyes giva war or detes of service)	re Lloyd F. Hoppe 2D.
1B. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	hral thromhosis 24hrst
337 X DUE TO 4 4	
Conditions, if eny, which (b) Anter	iosclerosis, generalised joynst
geve rise to immediate cause	1
(e), steting the underlying couse lest.	entension, mod. severe 10 yrst
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Diabetes Mellitu	YES NO
ZDa. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE   OR CONTRIBUTING   CAUSE OF DEATH   CHEEK   CAUSE OF DEATH   CHEEK   CAUSE OF DEATH   CHEEK   CAUSE OF DEATH   CHEEK   CAUSE OF DEATH   CAUSE OF	HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Day, Yaer   2Dd. INJURY	OCCURRED   2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
at work	ot White factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended t	F-64 13
	19 6.2. and that death occurred at 9.3. M, from the causes and on the date stated above.
22a. SIGNATURE	
Thursd scents	ATTENDING MED. STAFF  M.D. PHYS. MED. STAFF  SIGNED  22b. DATE  SIGNED  27b. DATE  SIGNED  1 5 6 2
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Stewart (	lapp MD 4740 Chevy Chase Dr. Chevy Chase 15 Md.
	NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Burial 2-7-62 Ce	dar Hill Cemetery Suitland Prince Georges Co. Md.
24 FUNERAL DIRECTOR'S) SIGNATURE	ADDRES 9434 Georgia AVE. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Warner E. Pumphrey, Inc. Silve	er Spring, Md. DATE FEB 7 '62 Curling & Time

SAUSU 07050 Cottle a let fille the man of the configurate A SECOND OF SHAME TO SEE THE GOLD OF Edulation Throngs They are Fell Horas are bout thrombers Bullies Arterior Jene Sus y energlised 127127 Hypertension mad stacke 1534627 Ellin Designation - Llevel Likely STREET Clapping 4740 Chay Chase An Chay Classer And . M. . Co a grand, and T. hart lind . S. wassened . It'l cobstitution . To-T-E. Marrace C. Hughest, Inc. Bilwer Spelly, Mr. as will be a surfaced to the contract of the contr

	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
_/	CERTIFICATE OF DEATH Steme 3, 13-4 14- Film 4-352-5/28/6
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission), a. COUNTY
4)	Montgomery Maryland Md. b. COUNTY Montgomery
	b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town) write BURAL and give nearest town)
	Aensington / /xensington Tokoma Park
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  d. STREET ADDRESS,  7003 Westmoreland Ave.  o. IS RESIDENCE ON A FARM?
	Carroll Hall Sanitarium 10731/Carroll 11.
	3. NAME OF DECEASED (Type or print) Caroline 4. Date Month Dey Year OF DECEASED (Type or print) Caroline 4. Date Of Death Folk 0 1062 10
	100. 7,1702 17
	V Tame of 1077 last birthdey) Months Days Hours Min.
	108. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & Stele, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if relired)
	Housewife West Va. U.S.A.  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Unknown Joseph Handle Mason Unknown Gertrude Carr
	15. WAS DECEASED EVED IN IL & ADMEN ECOPOES? 116 SOCIAL SECTION NO. 17 INFORMEDIT
	(Yes, No or unkown) (Hyes divewaror deles of service) Hospital Recd.
	18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (8) Carcinoma of Urmany Bladbe Tylar
	) DUE TO
	Conditions, if any, which geve risa to Immediate cause
	(e), stelling the underlying DUE TO
	couse lost.    Column   Column
ŀ	Serile Arteriorder oses
	20s ACCIDENT WAS UNDERLYING TO 1.20s DESCRIBE HOW IN HIRY OCCURED (Enter nature of injury in Part Lor Part II of item 18.)
	GR. CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	ZDc. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or town) (State)
	2Dc. TIME OF INJURY Month, Dey, Year Hour e.m. 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) (County) (State)
	21. I certify that (I) (this hospital) attended the deceased from 1950, 19, to 97-16, 1962 that (I) (we) last
	saw the deceased alive on 3 1-44 and that death occurred at M, from the causes and on the date stated above.
	22- SICMATURE 22b DATE
	M.D. PHYS. DIRECTOR PHYS. 11-26-1962
1	22c. PHYSICIAN'S MAME (Type) M- 13. QUEFA 22d. ADDRESS 7/12 WILLOW AW
	23a, BURIAL, CREMATION, 123b, DATE THEREOF   23c, NAME OF CEMETERY OR CREMATORY   23d, LOCATION (City, fown or county) (Stete)
	REMOVAL (Specify)
	24 FINED ALDRESS 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	Lee Funeral Home Wash D.C. DATER 13'62 and S. Thomas
	y Y The state of t

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	-	eral	PIN	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours are death.	
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10	death. Page 4 may be retained by the hospital or attending physician.	TC	5	(4)	
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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1m G300 3/1/62 iwk
2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admissign)
a. STATE b. COUNTY
MIOGE ISTATIO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Pawtucket 76 X - 3
d. STREET ADDRESS
ON A FARM? YES NO
d // // Armistice bivd
Last 4. DATE Month Day Yeer OF
DEATH 10
HOWLAND    8. DATE OF BIRTH    9. AGE In years   IF UNDER 1 YEAR   IF UNDER 22 HRS.
last birthday) Months Deys Hours Min.
28 Feb 1917 44 yrs.
STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Ponne
Penna USA
14. MOTHER'S MAIDEN NAME
Elizabeth Brown
. INFORMANT Address
Mrs. Diana Howland (Wife) same as #2
INTERVAL BETWEEN
ONSET AND DEATH
Kemia-Lymphocytic 3 month
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PERFORMED?
YES X NO
RED. (Enter nature of injury in Part I or Part II of item 18.)
PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State)
factory, street, office bidg., etc.)
1310
m27January, 1%2, to 21February 1962hat XI) (we) last
hat death occured at 310P. Mym the causes and on the date stated above
Me U SAL 22b. DATE
ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
M.D. X
22d. ADDRESS
usn e usn
C USN
RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
RY OR CREMATORY 23d. LOCATION (City, town or county) (State) NATIONAL CEMATORY ARLINGTON VIRGINIA
RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY 2 2 Montgomery MARYLAND Maryland Horse b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 9 within 24 Bethesda (Rural 26 days Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? U. S. Naval Hospital 125 Granville Avenue YES NO Y papers. 3. NAME OF 4 DATE Month Year DECEASED OF (Type or print) DEATH Robert Vance Hull 19 62 February 24. withi 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | 8. DATE OF BIRTH IF UNDER 24 HRS. and last birthday) Months Days Male Caucasian WIDOWED DIVORCED T August 5. 1905 56 physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Retired Naval Officer Pennsylvania TISA 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME g physician. 2 Sherman Tecumseb Hull Mary Hempt Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT requires that the Addrass (Yas, no, or unkown) | (If yas giva war or datas of service Annapolis, Md. Yes Wife Elizabeth Hull, 125 Granville Ave. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN certificate has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Adenocarcinoma of pancreas IMMEDIATE CAUSE (a) DUE TO aftending Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION use as rior to l PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) RECTOR: After this chould be detached for OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (Stata) While Not While factory, straat, offica bldg., etc. Hour a.m. at work at work p.m. Saw the deceased alive on. 22e. SIGNATURE ATTENDING STAFF SIGNED PHYS. XX February 24. PHYS. DIRECTOR M.D. death. Page of FUNERING director, page be filed with the PHYSICIAN'S 22d. ADDRESS NAME (Typa) WILLIAM P. BAKER, LT MC USN U. S. Naval Hospital, Bethesda, Md. 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Spacify) Naval Academy Cemetery Annapolis, Maryland Burial ADDRESSAnnapolis, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 147-149 GloucesterSt. DATE FER 2 8 '62 John Taylor Funeral Homes arthur & Thouse

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Catherina Laver . E.

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MARYLAND STATE DEPARTA	MENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W	PRESTON STREET, BALTIMORE 1, MARYLAND
02074 CERTIFICATE OF	DEATH 02056
	AL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
o. COUNTY o. STA	ATE b. COUNTY
The contract of the contract o	TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	, , , , , , , , , , , , , , , , , , ,
BETHESDA 7 days 242	ILVER SPRING
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddies)   d. STI	REET ADDRESS  a. IS RESIDENCE ON A FARM?
SUBURBAN HOSPITAL 81	VES TO NO TIL
NAME OF First Middle	T HILADELPHIA Day Yeer
Tanking (Type or print)	OF
BOAN FINAN	
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF	for the trade to t
MALE WhITE WIDOWED DIVORCED 4	/19/00 190190 - 1919 yrs.
De. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired)	THPLAGE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
CARpenter Construction 1	1054 DC (154
3. FATHER'S NAME	HER'S MAIDEN NAME
THERRY HUDIE	Dina ako (Blassa)
JOHN INAN LIV HURALE	FILICE WYLL
785, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA 785, No or unknown (liftesgivewar or detes of service) 578-01-0786 Mr. Wilb	NT Useralla Old Divil adalahi a Assa O. C. M.
None None	ur T. Hurdle 814 Philadelphia Ave, S.S.Mo
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:  JAMBEDIATE CAUSE (a)  PCUTE PNURIA	ONSET AND DEATH
IMMEDIATE CAUSE (a)	2472
DUE TO COMPANY A 1	- 1. Mauth
Conditions, if any, which \ (b) CARCINGMA CF	Esophagus Lower/and Months
geve rise to immediate cause DUE TO	tastastes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PARTIE OFFICE CONDITIONS CONTRIBUTION TO SEATING FOR REALIST	PERFORMED?
20e. ACCIDENT WAS UNDERLYING     2Db. DESCRIBE HOW INJURY OCCURED. (Enter netu	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ye o, mary in too you had now hely
20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLACE OF INJU	
nour a.m.	office bldg., etc.)
p.m. 19 et work at work	20 50 / 02 /3
21. I certify that (I) (this hospital) atlended the deceased from	19.3 to FED 22, 19.64 that (I) (we) last
saw the deceased alive on 726 21 1962 and that death of	occured at
22a. SIGNATURE	22b. DATE
Dewitt & Se Fairles M.D. ATTEL	NDING MED. STAFF DIRECTOR PHYS. 2-22-6
M.D.	

director, page be filed with the

TO HOSPITAL TO FUNERAL VR A15 (4) 15M 9/60

by the funeral

The law requires that the death certificate be executed within 24 hours after

y be retained by the hospital or attending physician. ECTOR: After this certificate has been signed by the attending physician and completely filled

buld be detached for use as the burial-transit permit.

prior

of Health

OR ATTENDING PHYSICIAN:

as the burial-transit permit. Then please remove carbon papers. Pag to burial, cremation, or removal, and in any event, within 72 hours is



22c. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION, 23b. DATE THEREOF BUTIAL (Specify) 2-24-62

NAME OF CEMETERY OR CREMATORY
TT Lincoln Cemetery Fort

ITT E- DELAWYER

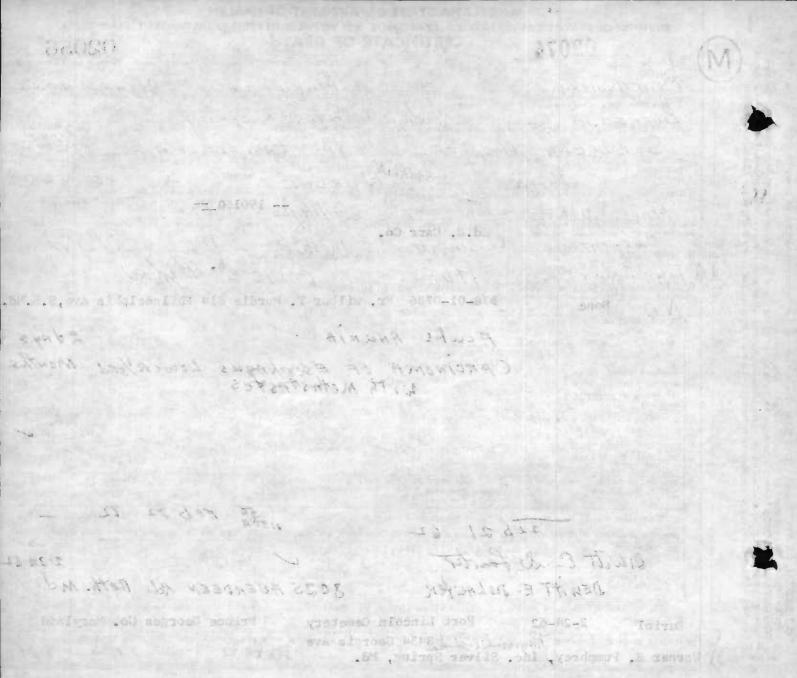
Beth. Md 25 ABERDEEN Rd. 23d. LOCATION (City, town or county)

Prince Georges Co. Maryland

24 FUNERAL DIRECTOR'S SIGNATURE Paymond 0.2iap8434 Georgia Ave 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATEER 2 6 '62 Lucian Z. Times Warner E. Pumphrey, Inc. Silver Spring, Md.

22d. ADDRESS

30



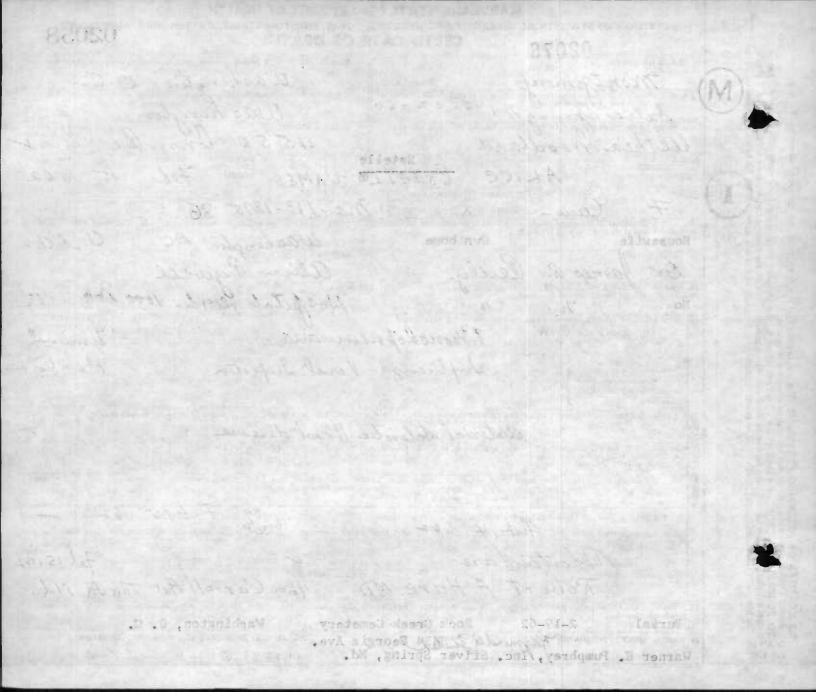
MADVIAND STATE DEDADTMENT OF MEAITH

DIVISION OF STATISTICAL RESEARCH AND RECOI	RDS. 301 W. PRESTON	STREET BALTIMORE 1	MARVIAND
		a a succession between the state of	MARILAND
02075 CERTIFICA	ATE OF DEATH		02057

1. PLACE OF DEATH a. COUNTY						USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission a, STATE     b. COUNTY						mission)	
Montgomery Maryland						maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)							
	b. CITY OR TOWN (i	f outside corporate limit give nearest town)	'S,	c. LENGTH OF STAT	Y IN 1b	c. CITY OR TO	WN (If outside	corporale	limits, write	RURAL Sha	give ne	erest town	)
	Dawsonvil	lle. Wd				X	Boyds.	Md					
	d. NAME OF HOSPIT	TAL OR INSTITUTION (i	f not In hospi	tal, give street eddre	55)	d. STREET AD	DRESS				1	e. IS RES	
					1								FARM?
3.	NAME OF DECEASED (Type or print)	First		Middle		Last	4. DA		Month		Dey	Yeer	
-		Ada		Virgin:		Jackson			Feb	1		196	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D	ATE OF BIRTH		9. AG	E (In years   birthday)	Months D		Hours	
	Female	Col	WIDOWED	DIVORCED		1 20	2000	P9 A	Vrs.	Months	mys	nours	Min.
10	. USUAL OCCUPAT	ON (Give kind of work		D OF BUSINESS OR	INDUSTRY	II. BIRTHPLACE	County & Stat	le, or forei	gn country)	12. CITIZ	EN OF	WHAT CO	UNTRY?
do		rking life, even il retire	d)										
**	Housewi	fe				. MOTHER'S M.	rvland_			U.	S.A.		
13.	FATHER'S NAME				14	. MOTHER'S M.	ANDEN NAME						
	Jame	s Mason					Mav	?					
	WAS DECEASED EVI	ER IN U.S. ARMED FOR		OCIAL SECURITY NO	). 17. INF	ORMANT	A STATE OF THE STA	00.10	Address			-	
{Ye	s, no, or unkown) (II	yes give wer or detes of s	ervice)		25				1-			11	
-	10 CRITER OF D	EATH [Enter only one		- ( i-) (b)i (-)		Daniel	T. Jacl	kson	(SE	ame as	ite	m #2	EENI
			cause per IIIn	e for (e), (b), end (c)	- Contraction	1 -	- A	1				T AND DE	
		H WAS CAUSED BY: IMMEDIATE CAUSE (e)	Myo	cardial	+ v	fare	1. Acu	NTC.			2	hon	YS_
	42	O DUE TO											
	Con Prince 1		Avt	croscle	Aco	Cardi	· Canal	~ 1	J. v.		1	men	_
	Conditions, if eny geverise to immedi	101	(11)	010 36 16	ADIL	Carvilo	vascu	4/	013(	121	-		
	(e), steting the u	DIST TO											
	cause last.	(c)											
z	PART II. OTHER	SIGNIFICANT CONDIT	IONS CONT	RIBUTING TO DEATH	BUT NOT R	ELATED TO THE	TERMINAL DISE	ASE CON	DITION GIVE	EN IN PART	1(e)   19.		
10												PERFOR	
S											YE	S   N	10
CERTIFICATION		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	RIBE HOW INJURY C	CCURED. (E	nter neture of inj	iury in Pert I or	Pert II of it	em 18.)				
7	20c. TIME OF INJU	RY Month, Day, Yes	r   20d. IN	JURY OCCURRED	20e. PLACE	OF INJURY (Hon	ne, ferm, : 20f.	(City or to	own)	(Coun	ty)	(5	tete)
MEDICAL	Hour a.m.		While	Not While	factory,	street, office bld	g., etc.)						
M	p.m.	19	at work				1		40				
	21. I certify t	hat (I) (t <del>his hospit</del>	al) attende	ed the deceased	from.//	AM SE	1962	10./2	PM 15	Feb, 19.6	27 tha	t (1) (+	-o)-last
	saw the deceas	ed alive on 15	Feb	19.62 ar	nd that de	eath occured	at 1245MP	from the				stated	above.
	22e. SIGNATURE	n M. A	meth		M.D.	ATTENDING	MED.		TAFF HYS.		15	_	SIGNED
	22c. PHYSICIAN'S	100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			22d. ADDRES	S	4					
	NAME (Type)					130	VOS	, 17	d.				
	DUDIAL CREATAN	ON 1925 DATE THE	FOE I	23c. NAME OF CE	METERY OR	CDEMATORY	1 1224	LOCATIO	N. ICity Inv	or county		(Sta	4-1
23	REMOVAL (Specify)	ON, 236. DATE THER	LOF	230. NAME OF CE	METERT OR	CKEMATORT	230.	LOCATIO	14 (CITY, TOW	or county		(318)	(0)
	Burial	2/19/	32	Rocky	Hill (	Cem.	10	llark	sburg	Md			
24		'S SIGNATURE	1.	ADDRESS			a. REC'D BY R		25b. REG		4 -10"		
	Robert	L. Snowden	wol	Rockvill	Le. Md	DA	ATE FEB 2	1 '62	C	Iribun &	. Tien	APT	

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		Bar, all laren	lowert L. Lawton	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceesed lived, If Institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete livits, write RURAL end give pearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) 22-60 d. NAME OF HOSPITAL OF INSTITUTION (if not in hospitel, give street eddress) . IS RESIDENCE ON A FARM? YES NO 7 completely 3. NAME OF 4. DATE Dev Middle Este Month DECEASED DEATH (Type or print) 19 carbon 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX and last bighdey) Months 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Housewife Own home 13. FATHER'S NAME please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCAL SECURITY NO. 17. INFORMAN (Yes, no, or unknwn) | (If yes give war or detes of service 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO lucusa-Viral Infection Conditions, if eny, which (b) geve rise to Immediate cause DUE TO (e), steting the underlying has ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16-11 19. WAS AUTOPSY certificate PERFORMED? as NO P 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | factory, street, office bldg., etc.) Not While While et work | et work 19.62 and that death occured et 8.30% from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. death. Page 4. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) O F Rock Creek Cemetery Washington, D. C. 2-19-62 PARTES Beorgia Ave. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE **VR A15 (4)** Warner E. Pumphrey, /Inc. Silver Spring, Md. 15M 9/60 DATE FER 2 1 '62 arilar S. Thous



CORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE Whara daceased lived, If institution, Residence before dimission 1. PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND onToomery Orange Carolina b. CITY OR TOWN if outside comprate limits. c. LENGTH OF STAY IN 16 write RURAL end give neerestrown) BETHE das d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) a. IS RESIDENCE ON A FARM? Glenn YES NO Z NAME OF DATE Month OF DECEASED (Type or print) DEATH 19 67 HANNESEN IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years ) IF UNDER 1 YEAR 7. MARRIED THEVER MARRIED lest birthdey) Deys and WIDOWED DIVORCED nding physician a 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Professor RETIRED 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAMI .5 and affen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then (Yes, no, or unkown) | (If yes pive war or dates of service) 05 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: morrhagie IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate ceuse DUE TO (e), steting the underlying cause lest. certificate by use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? heart disease Atheroselerotic NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 19.5 that (I) (we) last saw the deceased alive on....... 22b. DATE 22a, SIGNATUR SIGNED STAFF DIRECTOR PHYS. M.D. O HOSPITAL death. Page filed with the 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) Wisconsin Ave. Bethesda, Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) D F B Crematory Suitland. Cremation 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Marghandpate arthur S. Thous 15M 9/60

1.050 asacra and forest drawing Ohapel Hill ..... Bundant Sexualities , Venicules A tracket TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL PECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, pages, fould be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours accorded. VR A15 (4) 1SM 7/61

. PLACE OF DEATH	Item 23b Film G	TISUAL RESIDEN	CE (Where deceased lived, If	Institution Residen	ca hafora admissio
Montgomery	MARYLAND	a. statennsy			
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		If outside corporate limits, write	RURAL end give	neerest town)
Bethesda (Rural)	74 days		risburg	75x.	3
d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospitel, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE
U.S. NAVAL HOSPITAL		505 Wicor	isco, Apt. #3		YES NO K
NAME OF First	Middle	Last	4. DATE Month	Day	Yeer
(Type or print) Arthur		nson	DEATH Februar	y 28	19 62
5. SEX 6. COLOR OR RACE 7. M	DAKKIED   IAFAEK WANKIED	DATE OF BIRTH	9. AGE (In years last birthday)		IF UNDER 24 HRS
		uly 1, 1898	63 yrs.	Months Days	Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Marine Corps Offi	10b. KIND OF BUSINESS OR INDUSTR	Massach		12. CITIZEN O	F WHAT COUNTR
3. FATHER'S NAME		14. MOTHER'S MAIDEN			
Alex Jo	hnson	Ellen Nelso			
5. WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address		
Yes, no, or unkown) (If yes give we ror detes of service Yes		for Was We	m. C Tohngon	Como oo	.40
18. CAUSE OF DEATH [Enter only one cause	e per line for (e) (h) and (e) )	re. mrs. m	ary G. Johnson		TERVAL BETWEEN
Conditions, if eny, which (b)					
geve rise to immediate cause (e), stating the underlying cause lest.  (c)	\				
geve rise to Immediate cause (e), stating the underlying cause lest.  DUE TO (c)	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	nal disease condition giv		9. WAS AUTOPS PERFORMED? YES X NO
geve rise to Immediate cause (e), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITION:  20e. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT NO				PERFORMED?
geve rise to Immediate cause (e), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITION:  20e. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED		Pert I or Pert II of item 18.)		PERFORMED?
geve rise to Immediate cause (e), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS  20e. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeer Hour e.m. p.m. 19	DESCRIBE HOW INJURY OCCURED  20d. INJURY OCCURRED   20e. PLA While Not While   factor	(Enter nature of injury in CE OF INJURY (Home, farm pry, street, office bldg., etc	Pert I or Pert II of item 18.)	(County)	PERFORMED? YES NO (Stele)
geve rise to Immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS  20e. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19  21.   certify that (A) (this hospital)	DESCRIBE HOW INJURY OCCURED  20d. INJURY OCCURRED 20e. PLA While Not While fects at work to the deceased from	(Enter nature of injury in CE OF INJURY (Home, farn pry, street, office bldg., etc.)	Pert I or Pert II of item 18.)  1, 20f. (City or town)  1962 to Feb. 2	(County)	PERFORMED? YES X NO (Stole)
geve rise to Immediate cause (e), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITION:  20e. ACCIDENT WAS UNDERLYING CONTRIBUTIONS OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month. Day, Yeer Hour e.m. p.m. 19  21. I certify that (this hospital) saw the deceased alive on	20d. INJURY OCCURRED  20d. INJURY OCCURRED  While Not While fect at work 19 et work 19 e	(Enter nature of injury in CE OF INJURY (Home, farmory, street, office bldg., etc. 16,, death occured at 1	Pert I or Pert II of item 18.)  20f. (City or town)  19	(County) 3,, 1962 t	PERFORMED? YES NO (Stele)  hat (C) (we) lease stated above 22b. DATE SIGN
geve rise to Immediate cause (e), stelling the underlying DUE TO cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS  20e. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month. Day, Yeer Hour e.m. p.m. 19  21. I certify that (this hospital) saw the deceased alive onFeb.,  22e. SIGN TURE	DESCRIBE HOW INJURY OCCURED  20d. INJURY OCCURRED 20e. PLA While Not While fects at work to the deceased from	CE OF INJURY (Home, formary, street, office bldg., etc.  Dec. 16,, death occured at 1	Pert I or Pert II of item 18.)  1, 20f. (City or town)  19	(County)  B, 1962 the and on the definition of the definit	PERFORMED? YES NO (Stele)  hat (N) (we) ke ate stated above 22b. DATE SIGN Ty 28, 19
geve rise to Immediate cause (e), stating the underlying DUE TO cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS  20e. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19  21. I certify that (this hospital) saw the deceased alive onF.e.D., 22c. PHYSICIAN'S  22c. PHYSICIAN'S  22c. PHYSICIAN'S  23d. MARE (Type)	20d. INJURY OCCURRED  20d. INJURY OCCURRED  While Not While fect at work 19 et work 19 e	CE OF INJURY (Home, formary, street, office bldg., etc.  Dec. 16,, death occured at 1	Pert I or Pert II of item 18.)  20f. (City or town)  19	(County)  B, 1962 the and on the definition of the definit	(Stele)  hat (N) (we) be ate stated above 22b. DATE SIGNI
geve rise to Immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS  20e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19  21. I certify that (this hospital) saw the deceased alive onFeb. 22e. SIGNATURE  22e. PHYSICIAN'S NAME (Type)  33e. BURIAL, CREMATION, 23b. DATE THEREOF  PEMOVAL (Specify)	DESCRIBE HOW INJURY OCCURED  20d. INJURY OCCURRED While Not While fects attended the deceased from 28.,	CE OF INJURY (Home, farmory, street, office bldg., etc.  Dec. 16,,  death occured at  ATTENDING PHYS. 122d. ADDRESS U. S. I	Pert I or Pert II of item 18.)  19	(County)  3,, 1962 the and on the date of the second to the second	PERFORMED? YES NO (Stele)  hat (N) (we) late stated above 22b. DATE SIGN
geve rise to Immediate cause (e), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS  20e. ACCIDENT WAS UNDERLYING   20e OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month. Day, Yeer Hour e.m. p.m. 19  21.   certify that (his hospital) saw the deceased alive onFeb. 22e. SIGNITURE  22c. Physician's NAME (Type)  JOHN R. WAR  3a. BURIAL, CREMATION, REMOVAL (Specify) Burial  Mare 5, 1	20d. INJURY OCCURRED  20d. INJURY OCCURRED  While Not While et work 20e. PLA fect et work 19.62., and that  WOLTS IT MC USN  23c. NAME OF CEMÉTERY 0	CE OF INJURY (Home, farmory, street, office bldg., etc.  Dec. 16,, death occured at 14.  ATTENDING PHYS	Pert I or Pert II of item 18.)  19	(County)  3, 19	PERFORMEDING (State)  hat (C) (we) ate stated about 22b. DAT SIGN Ty 28, 1  (State)
geve rise to Immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS  20e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19  21. I certify that (this hospital) saw the deceased alive onFeb. 22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  JOHN R. WAR  33a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	20d. INJURY OCCURRED  20d. INJURY OCCURRED  While Not While et work attended the deceased from  28. 19.62., and that  MOLTS IT MC USN  23c. NAME OF CEMÉTERY OF ADDRESS	CE OF INJURY (Home, farmory, street, office bldg., etc.  Dec. 16,, death occured at 14.  ATTENDING PHYS	Pert I or Pert II of item 18.)  19. 62 to Feb. 2  19. 63 to Feb. 2  19. 62 to Feb. 2	(County)  3, 19	PERFORMEDING YES NO [  (Stele)  hat (C) (we) ate stated about the stated a

MARYLAND STATE DEPARTMENT OF HEALTH

CHUSU The Cold Officer Miles | Mark Houry D. Comments Same name DEUT. MOS DEUT. DES AND THE PARTY OF T to a constant of the contract The Salar Compension of the compension

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 02079 CERTIFICATE OF DEATH

02064

1. PLACE OF DEATH	Maria de la compansión de			2. USUAL RESIDENCE (W	here deceased liv	red. If institution b. COUNTY	n: Residence bef	ore admission)
MONTO	HOMERY		MARYLAND	WASHING	TON. D.	C		
	If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	limits, write RL	JRAL and give ne	earest town)
RURAL and give n	00.37			WASHING	TON, D.	C.	4	1x.3
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in hospital,	give street	address)	d. STREET ADDRESS			1140	e. IS RESIDENCE ON A FARM?
WHEAT	ION NURSI	NG H	OME	5008 5	TH ST.	N. W.		YES NO
3. NAME OF DECEASED (Type or print)	NEVIN	rst	Middle BEN JAMIN	JOHNSQN	4. DATE OF DEATH	Mant 2		oth 1962
S. SEX	6. COLOR OR RACE	7. MARI	RIED X NEVER MARRIED	8. DATE OF BIRTH	9.		7	R IF UNDER 24 HRS
MALE	CAU.	WIDOW	ED DIVORCED	12/16/190	0	lost birthday) 61 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	e or fareign coun	try)	12. CITIZEN C	OF WHAT COUNTRY
GEOLOGICA	AL SURVEY	"		MARYLAN	D		U.S.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
WILL IAN	M B. JOHN	SON		ETT	A THOMA	15		
IS. WAS DECEASED EVE			SOCIAL SECURITY NO. 17.	INFORMANT		Addre	ess	
(Yes, no, or unknown)	(If yes, give war or dates of	service)						
TIO CAUSE OF DE	ATH (Enter only one or	nuse ner li	Ties for (o), (b), and (c).				lin'	TERVAL BETWEEN
	ATH WAS CAUSED BY:	onze bei	(c), (o), and (c).	,				SET AND DEATH
TART I. DE	IMMEDIATE CAUSE (	)(	nonchor	reumonic	<u> </u>		-	Germal
300	DUE TO	7	100	10.	0	,	a	forit,
Conditions, if o	ony, which )	1 /	Hz heime	no diseas	el X	ran	16	o months
gave rise to i			8		1			
couse (a), stating lying couse lost.	the under-							
Z PART II. OT		-	CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIVI	EN IN PART 1(a)	19. WAS AUTOPSY
ATIO	Dial	reto	o mollitu	4				PERFORMED?
200 ACCIDENT W	AS LINIDERIVING TO	20h DES	CRIBE HOW INJURY OCCUR	PED (Enter noture of injury in	Port Lor Port II	of item 18 \		TES ES TO L
PART II. OT	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CRIDE HOW HADON OCCOR	KED. (Ellier holdre of infory in	110111011011	ar riem re.,		
	RY Month, Doy, Ye	001	ALLUNY O COURSED 20-	PLACE OF INJURY (Home, for	205 (Ci)	A1	161	101-1
20c. TIME OF INJUI Hour o. m.		While		factory, street, office bldg., et		rown)	(County	y) (Stote
p. m.	19	ot wo				1		
21. I certify the	at (I) (this haspita	l) attend	ded the deceased fram	aug. 15, 11	261, ta	yale	, 19, t	that (1) (we) las
	sed alive on 2		2 19 , and that		M from th	e causes an	d an the dat	te stated abave
22a. SIGNATURE			4 7	acam ascorred artsc	Birry III III	o caoses an	a an me aar	22b. DATE
	o.g. uma	gno	am.D.	M.D. PHYS.	MED.	STAFF PHYS.		SIGNE
22c. PHYSICIAN'S		11-	1	22d. ADDRESS	JIKECIOK 🗀	71113.		_
NAME (Type)	S. WEDRIG	An	IAdNOS	1150 CON	NECTIC	UT AV	E N.	h1. D.
	- WITHING	, ,						
23a. BURIAL, CREMATIC		OF C	230 NAME OF CEMETERY	9R CREMATORY	23d. LOCATIO	N (City, town, o	r county	(State!)
Besiel	2-20-	62	1sante	Burlen	1/2c	Ave	llet	Wid
24. FUNERAL DIRECTOR	SIGNATURE		ADDRESS 1732	A ( 250. REC	D BY REGISTRA	25b, REGIS	TRAR'S SIGNAT	URE
11/12/04	1		10000	Ja Cer	LER 1 3	02	inthur & 1	Section 2

may be retained by the haspital ar attending physician.

TO FUNERAL DIRIC TOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld by coched far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 state State Board of Health prior ta burial, crematian, ar remayal, and in any event, within 72 haurs after death. TO HOSPITAL OR VR A1S (4) 1SM 9/59

92079 CERTIFICATE OF DEATH in a grand of the second with the distance of the the water with

in by the funeral The law requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician.

ARECTOR: After this certificate has been signed by the attending physician and completely fills though the detached for use as the burial-transit permit. Then please remove carbon papers. Pale State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours OR ATTENDING PHYSICIAN: director, page 3 be filed with the TO HOSPITAL

VR A1S (4) 15M 7/61

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

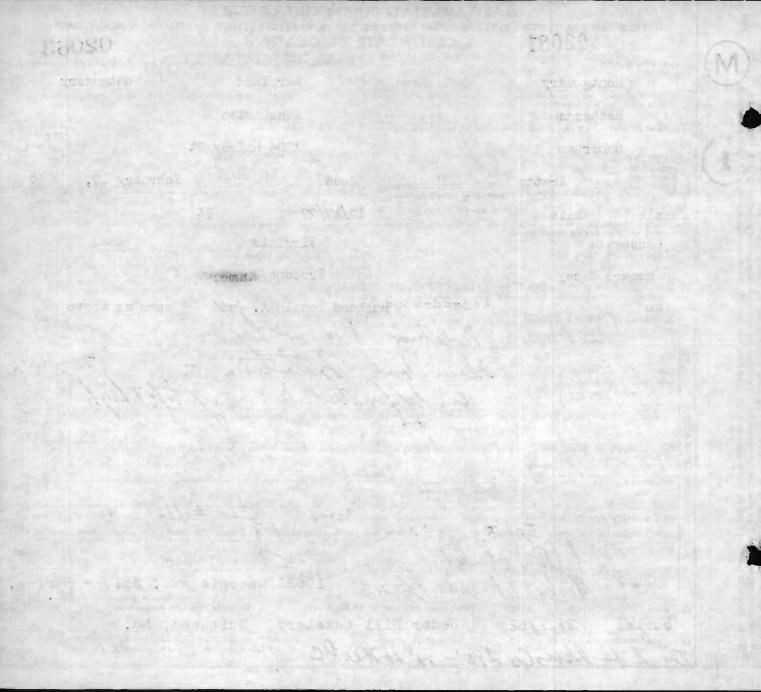
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ŀ	1 tem 23a Film G307	2/21/02 1WK	
1	1. PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Re	sidence before admission)
V	11 +	e. STATE b. COUNTY MATE	+ comments
	MONTGOMENU MARYLAND	c. CITY OR TOWN (If outside corporate limits, write RURAL end	Tgomery
J	b. CITY OR TOWN (if ourside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITI OK TOWN (II outside corporate tittilis, write KOKAL ette	neorosi iowii, i
1	Takoma Park	STakoma Park	
V	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
1		1. C / VI / II.	ON A FARM?
1	Washington Janitavium and Hospital	1022 Gast West Highwa	Y YES NO
ı	3. NAME OF First Middle	Last 4. DATE Month	Day Yeer
1	DECEASED	TOVE = DEATH F.	0 10/2
3		150,00	9 1962
I	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 Y last birthday) Months I D	
1		10-26-85 Months D.	eys Hours Min.
1	7 - 1.1.2.1		EN OF WHAT COUNTRY?
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRIE
1		Illinois U.	S, A,
V	HOUSE WIFE  13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
A	A	n D /	
	George R. Dunn	Hanes Waley	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	NFORMANT Address	
1	(Yes, no, orunkown) (If yes give wer or detes of service)	AL Cissel 20	
	110	TAL CISSEI au	A ANITERNAL PREPARENT
ı	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:		Bour
	IMMEDIATE CAUSE (a) I FIELD MON. CO		
	5 d 5 DUE TO	A. 1 .	0.3
ч	Conditions, if any, which ) (b) Tibrotic Tulmonas	14 echdition	old.
	gave rise to immediate cause		
	(e), steting the underlying DUE TO		
	cause last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
1	E Company		YES NO
	U DESCRIPTION AND A CONTRACTOR OF THE PROPERTY	(F-to-stand of fairnes in Post Los Post II of Stam 18.)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING  200. ACCIDENT WAS UNDERLYING  200. DESCRIBE HOW INJURY OCCURED  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Pert II of item 1B.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ZOc. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20f. (City or town) (Coun	ty) (State)
	Hour e.m., WhileNot While	tory, street, office bldg., etc.)	
Н	p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from	June , 1952, 10 Feb 9 , 196	that (I) (we) last
		1/0	
	saw the deceased alive on 34	death occured ay	
	22a SIGNATURE	ATTENDING / MED STAFF	22b. DATE SIGNED
	7771.2 M. Slaw M.	I.D. PHYS. DIRECTOR PHYS.	
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Tune) to	MANI- 11 of AIR TOU	Py how
	Ernest A. Sarao M.	1. 1000 W 11. 110 - 14KO	mally, IIID,
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City-low) or county	(Stete)
	REMOVAL (Specify) 1-10-63 Tract	t. Comotine Washinston	De a
	Burled 4 13 02 17th Game	A LICENSIA DA DECISIONED DE L'ACCIONADES C	CNIATURE
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b/REGISTRAR'S S	IGNATURE
	Thomas Haulon 4748 Alscouse (1)	EZIW-DIDATE FEB 1 4 '62   Chilling S.	Trans
	The state of the s		

GHACE HONES JOYCE Heal Cost . . . . . . . . . . . . Langer son restables premared in stores de a se suce por Temple. Simon) made of the Sales as A. D. Toole H. H. Clark and the sine Land with the sale was to the the water the trans 3.

	DIVISION O	F STATISTICAL 02081		RCH AND REC	CORDS	PARTMENT OF PRESTORME OF DEATH	N STREET	TH r, BALTIMO	RE 1, M	ARYL	AND	
		02001		CEKTIFI	CMI					12	Voi	3
1.	PLACE OF DEATH					2. USUAL RESIDEN	CE (Whare d			sidance	bafora a	dmission)
	4.7	tgomery		MARY	LAND	a. STATE Mary.	land	b. COUN		gom	ery	
	b. CITY OR TOWN (if	outside corporate limits	,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (I	If outsida con	porata limits, writa	RURAL and	giva ne	arast tow	n)
	Bet	nesda					ington				a IC DI	ESIDENCE
		AL OR INSTITUTION (if	not in host	pital, giva street addr	ess)	d. STREET ADDRESS	Halse	v St.				A FARM?
3.	NAME OF	u rban First		Middle		Last	4. DATE	Month		Dey	Yaa	
Ü	DECEASED (Typa or print)	Aretta		М		Judd	OF DEATE	H Feb	ruary	19.	19	62
5.	SEX	6. COLOR OR RACE	7 44 4 9 9 1 5		D T I B	DATE OF BIRTH	19	9. AGE (In years			IF UNDER	
-			WIDOWE			10/10/00		last birthday) 34 yrs.	Months [	ays	Hours	Min.
	emale	ON (Give kind of work		ND OF BUSINESS OR		TZ/T//Z/ RY   11. BIRTHPLACE (Coun	nty & Stata, o		12. CITI	ZEN OF	WHAT (	OUNTRY?
	na during most of wor	king lifa, aven if ratirad		115 01 505111255 01					US	Δ		
13	Housewif	.6				Virgin:			OL.	74.3		
-01	Howard	Races				Procene		. To '				
15.		R IN U.S. ARMED FOR	CES?   16.	SOCIAL SECURITY N	0. 17. 1	INFORMANT	Trame	Addrass			-	
(Ya	no, or unkown) (If	yas giva war or datas of sa	rvice) 2]	13-22-231	+ anus	band Donald .	A. Jud	d sa	me as			
	PART I. DEATH	EATH [Enter only one I WAS CAUSED BY: MMEDIATE CAUSE (a)	cause par l	Relativa	c).]	Paumot	horax	•			RVAL BET	
	1993	DUE TO		0	. 1	01.	1.			2	4	1011
	Conditions, if any		2	tenurale	gref	nelin	asis			1		00 90
	gava risa to immedia (a), stating the un	DI IE TO		1. 1.	1/1	tis / lar	unil	at tel	ATL	who		
	cause last.	) (c)_		unay	jou	OT RELATED TO THE TERMI	NAL DICEASE	ZONDITION GIV	EN IN DAD	1(=) ( 10	WASA	ALITOPSY
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO BEAN	H BUT NO	OT RELATED TO THE TERMI	NAL DISEASE	20NDITION GIV	EN IN PARI		PERFO	RMED?
FICA	20a. ACCIDENT WA	S LINDERLYING [7]	20h DES	CRIRE HOW INTURY	OCCURED	), (Enter nature of injury in	Part I or Part	Il of item 18.)		1.		
CERTI	OR CONTRIBUTING	CAUSE OF DEATH	200, 013	CRIDE HOW HOOK!	0 000112	(2000)					13 1	
MEDICAL	20c. TIME OF INJUI Hour a.m.	RY Month, Day, Yea	While			ACE OF INJURY (Homa, farr tory, street, offica bldg., atc		ity or town)	(Cour	nty)		(State)
		nat (I) (this hospit	al), atten	ded the decease	d from.	Feb-12	19.6.210	Feh 19	, 19.6	11,50	at (I)	(we) last
	saw the deceas	7.	LB.	19.6.2	and that	death occured at	15PM, fro	m the causes	and on t	he da	te state	d above
	22a. SIGNATURE	1008	oln	idel	a series	ATTENDING .	MED. DIRECTOR	STAFF PHYS.				SIGNED
	22c. PHYSICIAN'S NAME (Type)	Michae	/ A.	Do Bai fax	240	22d. ADDRESS	Georg	ia Ave.	. Sil	ver	Spi	ring
23	a. BURIAL, CREMATI	ON, 236. DATE THER	EOF	23c. NAME OF C	EMETERY	OR CREMATORY	23d. LO	CATION (City, to	wn or county	1)	(5	itata)
	REMOVAL (Specify)	2/22/6	2	Cedar	Hill	Cemetery	Sui	tland,	Md.			
24	FUNBRAL DIRECTOR	S SIGNATURE		ADDRESS			C'D BY REGI		GISTRAR'S			he 'ti
7	The & 71	- Thing C	29	01-14	4-71	W. V.C DATE			Irilhud &	. The	MA	

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### MARYLAND STATE DEPARTMENT OF HEALTH

ORE 1, MARYLAND DIVISION OF STATISTICAL R

ESEARCH	AND K	FCOKDS	, 301 (	W. PKESI	IOM 21 KEEL	, RALIIM
C	ERTII	FICAT	E OF	DEAT	TH	

		0000	0	CERTIFI	CATI	E OF DEAT	H		0	2064	1
	PLACE OF DEATH	0690	4			2. USUAL RESIDE	ENCE (Where			idence before	admission)
	Montgomery			MARY	LAND	a. STATE Virgin	nia	b. COUNT	Arlin	gton	V
	b. CITY OR TOWN (i	foutside corporate limit give nearest town)	5,	c. LENGTH OF ST.	AY IN 1b	c. CITY OR TOW	N (If outside co	rporate limifs, writa	RURAL and g	ive nearest toy	vn)
]	Bethesda	give incarest lowing		2 days		Arling	zbon		83 x	.3	
	d. NAME OF HOSPIT	AL OR INSTITUTION (	f not in hos			d. STREET ADDRE	SS				ESIDENCE A FARM?
1	The Clinic	al Center,	Bethe	sda lh. M	d.	1505 \$	South C	olumbus S	treet	YES [	но 📆
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Month		Day Yes	r
	(Type or print)	Bessi	e	Marie		Keller	DEAT	H Febru	ary	20 19	62
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	ED X B	. DATE OF BIRTH		9. AGE (In years   last birthday)	Months Da		Min.
	Female	White	WIDOWE	D DIVORCI	ED C	october 23,	1951	10 yrs.			
10a	ne during most of wo	ON (Give kind of work	1Db. K	IND OF BUSINESS O	R INDUSTR	RY 11. BIRTHPLACE (C	ounty & State,	or foreign country)	12. CITIZE	N OF WHAT	COUNTRY
-	Student			None			clahoma			U.S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAID	EN NAME				
-	Robert Kel					Bessie Ca					
		ER IN U.S. ARMED FOR tyes give war or dates of se		SOCIAL SECURITY I	10. 17.	INFORMANT The	Medica	l Recôrds			
	No			None	Tr	ne Clinical	Center	Bethesd	a 14,	Marylar	
		EATH [Enter only one H WAS CAUSED BY:	cause per l	ine for (a), (b), and	(c).]					INTERVAL BE	DEATH
	PARI I. DEAII	IMMEDIATE CAUSE (a)	Cardi	ac Arrest	,					25 mir	utes
	15	DUE TO		70000						4 3	
	Conditions, if eny		Post	operative	hemo	rrhage				4 hou	ırs
	gave rise to immedi (a), stating the up	nderlying > DUE TO								LONG W	
	cause last.					isease, Teti					
NO NO	PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIVE	EN IN PART 1	a) 19. WAS A	ORMED?
CAT				DEL POR						YES X	NO .
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	2Db. DES	CRIBE HOW INJURY	OCCURE	D. (Enter nature of injury	in Part I or Par	t II of item 18.)			
MEDICAL	20c. TIME OF INJU	RY Month, Day, Yes		INJURY OCCURRED		ACE OF INJURY (Home,		City or town)	(Count	y)	(State)
MED	Hour e.m.	19	While at wor		100	iory, and on one bregi,					
	21. I certify t	hat 🛪) (this hospit	al) atten	ded the decease	ed from	February 18	19.62 1	Februar	y20 19.6	2 that (X	(we) last
	saw the deceas	ed alive on Fet	ruary	7. 20.19.62.,	and that	death occured at	M, fro	om the causes	and on the	date state	d above.
	22a. SIGNATURE	Monow	-, M	10.	N	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Februa		SIGNED 1962
	22c. PHYSICIAN'S NAME (Type)	A. G. Mon	row		M.	D. Thetitu		inical Ce Health, B		Nation	
23	BURIAL, CREMATI	9N, 23b, 9ATE THER	62	asku	GLOV		23d. LC	Cation (City, tow	out		itato)
24	FUNERAL DIRECTOR			ADDRESS 1	HW		REC'D BY REG		SISTRAR'S SIG		
1	V.W.Ch	amber Ce	7, 30	12 17 8	Use	ROC DATE	EB 23 '6	i2   Qui	ines S. K	raus	

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Codmic Code And Combon

the Edding of Contacts 14, 16. 1505 Section Columbus abroads

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Compared Solver Solver State State Stork Stork Stork Stork

11 Market B. 3072 W. L. L. L. Commercial

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pages, may be retained by the hospital or attending physician.

TO FUNERA. FRECTOR: After this certificate has been signed by the attending physician and completely filler, him by the funeral director, pages, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours mer death. VR A15 (4) 15M 7/61

)	0.5	2002	CERTIFICA	ATE OF DEAT	li .		0:	2065_
	PLACE OF DEATH	7003		2. USUAL RESIDEN	VCE (Where decease	d lived, If institut	tion: Residence	before admission)
	a. COUNTY			a. STATE		b. COUNTY	Wambar.	
_		gomery	MARYLANI		yland		Montgo	
	b. CITY OR TOWN (if outsi write RURAL and give Bethesds	de corporate limits, nearest town)	c. LENGTH OF STAY IN 1		(If outside corporete : hesda	limits, write RUR/	AL and give ne	erest town)
-	d. NAME OF HOSPITAL O	R INSTITUTION (if not	in hospital, give street eddress)	d. STREET ADDRESS	5			. IS RESIDENCE
	9104 Hemp	stead Av	e.	9104 He	empstead	Ave.		YES NO
3.	NAME OF DECEASED (Type or print)	JOHN	J. KE	LLEY	4. DATE OF DEATH	Feb. 8	Day	19 <b>62</b>
S.	SEX 6. C	OLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH		E (In years   IF UN	NDER 1 YEAR	F UNDER 24 HRS.
-	Male V	White with	DOWED DIVORCED	Feb. 22, 19	001 60		16	Hours Min.
do	ne during most of working	life, even if retired)	U. S. Govt.	Penna	unty & State, or foreig	in country)	U.	WHAT COUNTRY
	FATHER'S NAME	rugrueer -	0. 0. 4046.	14. MOTHER'S MAIDEN	NAME		0, ,	•
		seph Kell	ey		Finnegar	1		
15.	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INFORMANT WI	fe	Address		
(16	Yes (Ifyesgi	V II		Kathryn C.	Kellev	Sam	e as	Item 2.
			e per line for (e), (b), end (c).]	Rachity II O.	Melley	- Cam	INTE	RVAL BETWEEN
	PART I. DEATH WA	S CAUSED BY:	be Destering	Anle	16.	1	ONS	ET AND DEATH
		S CAUSED BY:	typertersio.	n arlegin.	ale, con	, 1	ONS	ET AND DEATH
			forevery Her	of delegron	elejase	hyren	de	ET AND DEATH
		DUE TO	forevery He	n arlegin	elejon	ryren	del	ET AND DEATH
	Conditions, if any, wh	DUE TO  Ouse  Ouse	proving the	nalegros	de ion	my ren	de	ET AND DEATH
	Conditions, if any, wh gave rise to immediate ce (e), stelling the underly	DUE TO  DUE TO  Chich Ouse Ouse DUE TO	frevery Her	n arlegens	olejase	ryren	d	ET AND DEATH
7	Conditions, if any, wh gave rise to immediate ce (e), steting the underly cause lest.	DUE TO  Susse (b)  DUE TO  OUR TO  OUR TO  (c)	SCONTIBUTING TO DEATH BUT	n Arleys	ale ison	My ren	del	
NOIL	Conditions, if any, wh gave rise to immediate ce (e), steting the underly cause lest.	DUE TO  Susse (b)  DUE TO  OUR TO  OUR TO  (c)	fy pertension for the surfine to DEATH BUT	n Arleys	ale ison	Ay rem	A PART 1(a) 19	, WAS AUTOPSY PERFORMED?
ICATION	Conditions, if any, wh gave rise to immediate ce (e), stelling the underly cause lest.  PART II. OTHER SIGN	DUE TO  Color of the pure of t					A PART 1(a) 19	. WAS AUTOPSY
CERTIFICATION	Conditions, if any, wh gave rise to immediate ce (e), steting the underly cause lest.	DUE TO  ich buse buse (c)  WIFICANT CONDITION  NDERLYING   20b  AUSE OF DEATH	S CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCU				A PART 1(a) 19	, WAS AUTOPSY PERFORMED?
_	Conditions, if any, wh gave rise to immediate ce (e), stefing the underly cause lest.  PART II. OTHER SIGN  20e. ACCIDENT WAS UN	DUE TO  ich buse buse (c)  WIFICANT CONDITION  NDERLYING   20b  AUSE OF DEATH		RED. (Enter neture of injury ir	n Pert I or Pert II ol ite	om 18.)	A PART 1(a) 19	, WAS AUTOPSY PERFORMED?
CAL	Conditions, if any, wh gave rise to immediate ce (e), stelling the underly cause lest.  PART II. OTHER SIGN  20e. ACCIDENT WAS UN OR CONTRIBUTING   CA (IF EITHER, NOTIFY MED)  20c. TIME OF INJURY Hour e.m.	DUE TO  Color of the property	20d. INJURY OCCURRED 20e.	RED. (Enter neture of injury in	n Pert I or Pert II ol ite	om 18.)	N PART 1(a)   19	. WAS AUTOPSY PERFORMED? ES NO
_	Conditions, if any, wh gave rise to immediate ce (e), stelling the underly cause lest.  PART II. OTHER SIGN  20e. ACCIDENT WAS UN OR CONTRIBUTING   CA (IF EITHER, NOTIFY MED)  20c. TIME OF INJURY Hour e.m. p.m.	DIATE CAUSE (e)  DUE TO  (b)  DUE TO  (c)  MIFICANT CONDITION  NDERLYING  AUSE OF DEATH  (CAL EXAMINER)  Month, Dey, Yeer  19	20d. INJURY OCCURRED 20e. While Not While et work et work	RED. (Enter neture of injury in PLACE OF INJURY (Home, fer fectory, street, office bldg., et	rm, 20f. (City or to	own)	PART I(a) 19 Y	. WAS AUTOPSY PERFORMED? ES NO (Stele)
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CAL	Conditions, if any, wh gave rise to immediate ce (e), stefing the underly cause lest.  PART II. OTHER SIGN  20e. ACCIDENT WAS UN OR CONTRIBUTING CA CIT EITHER, NOTIFY MEDI  20c. TIME OF INJURY Hour e.m. p.m.  21. I certify that (saw the deceased as	DIATE CAUSE (e)  DUE TO  (b)  DUE TO  (c)  RIFICANT CONDITION  NDERLYING  AUSE OF DEATH  CAL EXAMINER)  Month, Dey, Yeer  19  (I) (this hospital)	20d. INJURY OCCURRED 20e. While Not While et work et work attended the deceased fro	PLACE OF INJURY (Home, fer fectory, street, office bldg., et m	rm, 20f. (City or to le.)  186./., to.2./	own)	(County)  (County)	. WAS AUTOPSY PERFORMED? ES NO (Stele)  at (I) (we) lase e stated above 22b. DATE
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WEDICAL 23	Conditions, if any, wh gave rise to immediate ce (e), steling the underly cause lest.  PART II. OTHER SIGN  20e. ACCIDENT WAS UN OR CONTRIBUTING   CA (IF EITHER, NOTIFY MED)  20c. TIME OF INJURY Hour e.m. p.m.  21. I certify that (saw the deceased a 22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  W; T	DUE TO  ich puse fring DUE TO  (c)  MIFICANT CONDITION  NDERLYING  AUSE OF DEATH CAL EXAMINER)  Month, Dey, Yeer  19  (I) (this hospital) slive on	20d. INJURY OCCURRED 20e.  While Not While et work attended the deceased from 19. And the deceased the deceas	PLACE OF INJURY (Home, fer fectory, street, office bidg., et m	rm, 20f. (City or to le.)  1% f., to 27  MED. ST. DIRECTOR P.  aple Ridg.  23d. LOCATION	e Road,	(County)  (County)  (County)  Fe  Bethe	(Stete)  WAS AUTOPSY PERFORMED? PERFORMED? (Stete)  at (I) (we) lasse stated above 22b. DATE 2b. Signet State Stat
WEDICAL BI	Conditions, if any, wh gave rise to immediate ce (e), steling the underly cause lest.  PART II. OTHER SIGN  20e. ACCIDENT WAS UN OR CONTRIBUTING CA CITY MEDITOR CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAN CONTRIBUTION CONTRIBUTI	DUE TO  ich puse buse buse condition  NDERLYING CON	D.  DESCRIBE HOW INJURY OCCU  20d. INJURY OCCURRED   20e.  While   Not While   attended the deceased from the large of the	PLACE OF INJURY (Home, fer fectory, street, office bidg., et m	rm, 20f. (City or to le.)  1%,, to  NED. DIRECTOR PH  aple Ridg  23d. LOCATION  Arl	e Road,	(County)  (County)  (County)  Fe  Bethe  county)  Virgin	. WAS AUTOPSY PERFORMED? PERFORMED? (Stele)  at (I) (we) lasse stated above 22b. DATE 22b. Sda, Md (Stele)  nia
WEDICAL 239	Conditions, if any, wh gave rise to immediate ce (e), stelling the underly cause lest.  PART II. OTHER SIGN  20e. ACCIDENT WAS UN OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDI  20c. TIME OF INJURY Hour e.m. p.m.  21. I certify that (saw the deceased at 22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type) W. T.  a. BURIAL, CREMATION, REMOVAL (Specify)  ITIAL  FUNERAL DIRECTOR'S SIGNATURE	DIATE CAUSE (e)  DUE TO  ich puse pring DUE TO  (c)  MIFICANT CONDITION  MORERLYING  AUSE OF DEATH CAL EXAMINER)  Month, Dey, Yeer  19  (I) (this hospital) alive on	20d. INJURY OCCURRED 20e.  While Not While et work attended the deceased from 19. And the deceased the deceas	PLACE OF INJURY (Home, fer fectory, street, office bidg., et m	rm, 20f. (City or to le.)  1% f., to 27  MED. ST. DIRECTOR P.  aple Ridg.  23d. LOCATION	e Road, N (City, town or Lington	(County)  (County)  (County)  Fe  Bethe  county)  Virgin	. WAS AUTOPSY PERFORMED? PERFORMED? (Stete)  at (I) (we) lass e stated above 22b. DATE 2b. \$600.  Sda, Md (Stete)  nia JRE

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL DESEABLY AND DECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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Rebert A. Pumpiney Reduced, Murgland Committee

## FOR STATE HEALTH DEPT.

MEALTH DEPT. TO DEPUTY INSTITUTE EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute in certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be farmared to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bos or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 1

> VS. A1SME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EVA MINER'S CERTIFICATE OF DEATH

OCCUPANTION OF THE PROPERTY OF THE PR

1. PLACE OF DEATH	JICAL EXAMINER	1 2 HEITEL DESIDENCE	CE (Whare daceased lived,	f institution, Pasi	2006	5
a. COUNTY		a. STATE	b. COL		danca batora	admission
Montgomery	MARYLAND				gomery	
<ul> <li>b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (I	f outsida corporata limits, wr	ita RURAL and g	iva nearest tov	vn)
Bethesda	DOA	30 Silve	er Spring			
d. NAME OF HOSPITAL OR INSTITUTION (IF Suburban	not In hospital, give straet address)	d. STREET ADDRESS	0 Ct 3 D 3		ON	A FARM?
3. NAME OF First	Middle	Last	Sidney Rd  4. DATE Mon	Ah I	YES Yea	NO
DECEASED			OF			Nr.
(Type or print) Samue]		Kemp		bruary 1		62
5. SEX 6. COLOR OR RACE 7	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	Months Day		R 24 HRS.
	WIDOWED DIVORCED	Augus 5, 1907		7.000	73 (1001)	744112
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUS	TRY   11. BIRTHPLACE (State	or foreign country)	12. CITIZE	N OF WHAT	COUNTRY
Laborer		Marylan	nd	US	A	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Edward Kemp		Margaret I	Day			
15. WAS DECEASED EVER IN U.S. ARMED FORC (Yes, no, or unknown)   (If yes give war or dates of ser		INFORMANT	Addre	ES		
no		tanley Kemp	same as	above		
1B. CAUSE OF DEATH  Enter only one of	cause per line for (e), (b), and (c).]				INTERVAL BET	
PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)	Acute myocardia	insuffiency			ONSET AND	DEATH
4 10					and da	
DUE TO	Acute coronary	anlugion			sudde	311
Conditions, if eny, which (b) gave rise to immediate cause	mode coronary	CCTUSTOIL				
(a), stating the underlying DUE TO	Tramanula it				11	
cause last. (c)_	Hemorrhage into					
PART II. OTHER SIGNIFICANT CONDITION  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION G	IVEN IN PART 1(	PERFO	AUTOPSY DRMED? NO •
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	b. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Per	t I or Pert II of item 1B.)			
20c. TIME OF INJURY Month, Dey, Year Hour e.m.		PLACE OF INJURY (Homa, farm actory, street, office bldg., etc.		(County	)	(Stete)
Print C		hald an Autonia 🗖		:	- 1 1	
21. I certify that I took charge of			Inspection, Inqu		and in my c	pinion
death resulted from: Natural cau	uses X, Accident , Su	ricide, Homicide	Undetermined	manner		
1	0	CHIEF MEDICAL	EXAMINER			
SIGNATURE hard	Broschart	M.D. ASSISTANT MED	ICAL EXAMINER		DATE SIG	INED
EXAMINER'S		DEPUTY MEDICAL	EXAMINER X	Feb. 12	, 1962	
NUMBER (Tunn)	schart	Address (Street, o	city, town, or county)			
22a. BURIAL, CREMATION, 22b. DATE THEREO	DF 22c. NAME OF CEMETERY		22d. LOCATION (City, tow	n, or country)	(Sta	te)
Burial Feb, 15 1	.962 Forest Oa	ak	Gaithersburg	3	Md.	
23. FUNERAL DIRECTOR	ADDRESS	24a. REC	D BY REGISTRAR   246. RE	GISTRAR'S SIGN	ATURE	

BRUSD PLOCES DOOS the state of the state of the state of erin e, 1, 1% Corput TLECTON, 1 artoneville, e.

n by the funeral and 2 should TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician.

TO FUNERA TRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 hould be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours are death. VR A15 (4) 15M 7/61

A	MAKILAND STATE DEP	ARIMENI OF I	EALIN	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 3	01 W. PRESTON ST		
02085	CERTIFICATE	OF DEATH		02067

1. PLACE OF DEATH  . COUNTY  Montgome		MARYLAND	e. STATE Maryl	b. cou	Institution: Residence before e	dmission)
b. CITY OR TOWN (if outside corporal write RURAL and give neerest fow Bethesda	a limits, n)	30 Years	. 2	outside corporate limits, wri	te RURAL end give naerest tow	n)
d. NAME OF HOSPITAL OR INSTITUT  6307 Bells N			d. STREET ADDRESS 6307 Bells	Mill Rd.	ON	SIDENCE FARM? NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mon	th Day Year	
(Type or print) BLA	NCH	L.	KERWIN	DEATH Feb		62
5. SEX Female White	7. MURRICE	NEVER MARKED	B. DATE OF BIRTH Dec. 25, 189	lest birthday)	Months Days Hours	24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of done during most of working life, even if Housewife	( work retired)	ND OF BUSINESS OR INDUST	Towa	y & State, or foreign country	U. S.	OUNTRY
13. FATHER'S NAME  Joseph Lvtl	e		14. MOTHER'S MAIDEN N	laline Hall		
15. WAS DECEASED EVER IN U.S. ARME (Yes, no, or unkown) (Hyesgivewerorda	PORCES? 16.		informant Charles Kerw	Addres vin-Husband		
18. CAUSE OF DEATH [Enter on PART I. DEATH WAS CAUSED IMMEDIATE CAU	y one cause per li BY:		Inforction		INTERVAL BET	
Conditions, if eny, which	(b) C	Rhom.	Slannis the	A 20,000	214	2,
PART II. OTHER SIGNIFICANT OF THE PROPERTY OF	(c)ONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	AL DISEASE CONDITION GI		UTOPSY RMED?
	ATH	CRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pa	art I or Pert II of item 18.)		
ZOc. TIME OF INJURY Month, Do	y, Yeer 20d. I While et worl	Not While fee	ACE OF INJURY (Home, ferm, ctory, street, office bldg., etc.)		(County)	(Stele)
21. I certify that (I) (this I saw the deceased alive on	0 0 ic			74-	and on the date state	
22c. PHTSICIAN'S NAME (Type)	Inflit		ATTENDING M PHYS. DI 22d, ADDRESS	ED. STAFF RECTOR PHYS.	Feb. 19,19	SIGNED
23e. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)  Burial  2/2: 24 FUNERAL DIRECTOR'S SIGNATURE	THEREOF	23c. NAME OF CEMETERY Arlington ADDRESS	or crematory Nat. Cem.	23d. LOCATION (City, to	e., Bethesda, own or county)  (S  n. Virginia EGISTRAR'S SIGNATURE	Md
	rey, B	ethesda, Mar	ryland DATE EB	2 3 '62	willing & Kraus	

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William H. Blirag Balls wisconsin eve., Bathesda, Ma.

Robert M. - Tempirev. Sarhesda, Maryland and Markey

# by the funeral OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. ent, within 72 hours a Page ray be retained by the hospital or attending physician. ECCTOR: After this certificate has been signed by the attending physician and completely sould be detached for use as the burial-transit permit. Then please removercarbon papers. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificath. Page 4 may be retained by the hospital or attending physician. TO FUNERAL: \*\*CECTOR: After this certificate has been signed by the attending physician director, page \$5.30 uld be detached for use as the burial-transit permit. Then please rem be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02088

A	PLACE OF DEATH			2. USUAL RESIDEN	CE (Where deceased livad, If in		lence before admission)	
	Montgomery		MARYLAND	"District of Columbia"				
1	b. CITY OR TOWN (if outs	ida corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corporata limits, write	RURAL and giv	ve neerest town)	
	Write RURAL and give	neerest town)	89 Days	Washingt	on	4'	1x · 3	
		R INSTITUTION (if not in I	nospitel, giva street addrass)	d. STREET ADDRESS			a. IS RESIDENCE	
	The Clinical	Center. Beth	esda Ili. Md.	1908 FTo	rida Avenue, N.	W_	YES NO X	
ľ	3. NAME OF	First	Middle	Last	4. DATE Month		ay Yeer	
	DECEASED (Type or print)	Texas	(None) K	etchum	of DEATH Februar	777 T.l.	19 62	
	5. SEX   6. C		/21.2222	DATE OF BIRTH	9. AGE (in years   I	6/		
				uly 21, 1892	last birthdey) of yrs.	Months Dey	Hours Min.	
	100. USUAL OCCUPATION (	Give kind of work 10b.	KIND OF BUSINESS OR INDUSTR			12. CITIZEN	OF WHAT COUNTRY?	
	Asst Mgr Ar		Real Estate	Texas		U.S	.A.	
	13. FATHER'S NAME	No House	Cal Banane	14. MOTHER'S MAIDEN	NAME			
	James Sentell			Frances M	atthew			
	15. WAS DECEASED EVER IN		6. SOCIAL SECURITY NO. 17. I	NFORMANT The	Medical Record			
	(Yes, no, or unkown) (Ifyesg	(Ve wer or detes of service)	79-22-1140 Th		enter, Bethesda	a 14. M	aryland	
	18. CAUSE OF DEAT	H [Enter only one couse pe	er line for (e), (b), and (c).)	The second			INTERVAL BETWEEN	
	PART I. DEATH WA	S CAUSED BY: He	patocellular liv	er damage at	nd jaundice	Mar in	2 months	
	177	N DUE TO						
	Conditions, if eny, wh	ich (b) Sm	all bowel-perine	al fistula			2 months	
	geve rise to immediate co	ouse Dur TO						
	(e), steting the underly couse last.	Re	current carcinom	a of cervix			ll years	
	PART II. OTHER SIGN	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(e	19. WAS AUTOPSY PERFORMED?	
	NEW TOTAL						YES AND	
	PART II. OTHER SIGN		DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 18.)			
١	20c. TIME OF INJURY Hour e.m.			CE OF INJURY (Home, ferr		(County)	(State)	
	Hour e.m.		hile Not While tact	ory, aneer, ornice bidg., erc	**			
		(this hospital) atte	ended the deceased from	November 17	19.61 to February.	11.62	that (T (we) last	
			7. 11. 19.62 and that					
	22a. SIGNATURE	+01.	1/2		MED. STAFF		22b. DATE	
	1. Ke	dr	W	DLIVE T	DIRECTOR PHYS.		15/02	
	22c PHYSICIAN'S NAME (Type)				he Clinical Cer			
	A MAINE (1) PO	J. Kent Tri	nkle, M.D.	Institute	s of Health, Be	ethe sda	14, Md.	
	23a, BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY	1	23d LOCATION (City, tow	1	(Slata)	
	DURIAL	197EB. 196~	HELINGTON	NATIONAL	HELINGTON	,		
	24 FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS		C'D BY REGISTRAR 256. REG			
	(Timalli tunard H	me 1400 Exor	esia Hue. NW.	DC / DATE F	EB 1 6 '62   a.	nthun L. t	traus	

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MA	KILAND SIAIE DEPAKIMENI OF HEAI	-III
DIVISION OF	STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1,	MARYLAND
00000	CERTIFICATE OF DEATH	

	02087		CERTIF	ICA	TE OF DEATH			Z A	0	206	39
o. COUNTY MO	ntgomery		MARY	LAND	2. USUAL RESIDENCE (W o. STATE Maryla		d lived. If instituti b. COUNIY		nce befo		ion) Mary's
b. CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside corpo	orote limits, write R	URAL ond	give nec	prest town	)
RURAL ond give Bet	hesda		9 days		Rockvi	lle	Coltons	Poir	nt	18×	-2
d. NAME OF HOSE OR INSTITUTION	Suburbal				d. STREET ADDRESS	None Parkl	and Drive	-			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Charl	si 8 S	Middle Par	ker	Kienl'e	4. DATE OF DEATH	Feb.	ith	14 <sup>Do</sup>		Yeor 62
5. SEX M	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCE		B. DATE OF BIRTH 12/14/90		9. AGE (In years lost britished) 91 yrs.	Months		Hours	Min.
Oa. USUAL OCCUPAT during most of wo Retired -	orking life, even if retired	)	KIND OF BUSINESS O		TRY 11. BIRTHPLACE (Stote	or foreign on		12. CI		FWHAT C	OUNTRY?
3. FATHER'S NAME					14. MOTHER'S MAIDEN						
William	G. Kienle				Elizabeth	Medle	y				
IS. WAS DECEASED EN	ER IN U. S. ARMED FOI		SOCIAL SECURITY NO	. 17. IN	IFORMANT		Add	ress		1-	
(Yes, no, or unknown)	(If yes, give war or dates of		78-10-5428	Lat	ira K. Kienle	12,90	3 Parkla	nd Di	. Re	ockvi	lle.N
Conditions, if gove rise to couse (o), stotin lying couse los	g the under-	Co Co	veinon	pre	of five		relasta se condition GI		ON	6 mc	DEATH
PART II. O  PART II. O  OR CONTRIBUTION (IF EITHER, NOTII	VAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injury in	Port I or Por	rt II of item 18.)			YES 🙀	
_	URY Month, Doy, Ye	ar 20d. I While of wor	NJURY OCCURRED  Not while k of work	20e. PL	ACE OF INJURY (Home, fari ctory, street, office bldg., et	m, 20f. (Cit	y or town)		(County)		(Stote)
	nat (l) (this haspita ased glive an				2/5 19 leath accurred at 2/	62, ta 2M, fram	/ /	19_ nd an II			we) last l abave.
22o. SIGNATURE	MI	De	72			NED.	STAFF PHYS.	46		22	b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type	William	Æ.	Joyce, M.	D.			aple Ri da 14.				
23a. BURIAL, CREMAT REMOVAL (Special Burial	(y) 23b. DATE THERE		23c. NAME OF CEM			23d. LOCA	TION (City, town, or Spring	or county	)	(Sto	
24. FUNERAL DIRECTO	R'S SIGNATURE Ray	mord	a Sobress 340		~	D BY REGIS	TRAR 2Sb. REG	ISTRAR'S	SIGNATI	IRE	
larner E. I	Pumphrey, Tr		Silver Spri	ng.	Md DATE	FEB 1 9	02		2007		

CHOSE				CRITTE	
		dura Tark		Vasta XII	
			20.00	techeta	
	• • 6				- 15
	,		0.60 CBCAS-03-67		
		Section 1	The state of the state of		
#6 30 V2 V	Ain, a				

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician.

\*\*RECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral hould be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be state Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours are death. TO HOSPITAL C death. Page 4 m ITO FUNERAL director, page be filed with the

VR A15 (4) 15M 7/61 5

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02088

CERTIFICATE OF DEATH

02070

a. COUNTY	4			ICE (Where deceesed lived,		ce before admission)
	tgomery	MARYLAND	a. STATE D.	C. b. co	UNTY	V
b. CITY OR TOWN (	if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outsida corporate limits, w	rrita RURAL and give	neerest town)
	da (Rural)	23 days	Washin	ngton	47	Y13
d. NAME OF HOSPI	TAL OR INSTITUTION (if not	in hospitel, give street address)	d. STREET ADDRESS		1.1	. IS RESIDENCE
	aval Hospital		3024 T	ilden Street	NW	YES NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE Mo	onth Dey	Yeer
(Type or print)	Cyrus	Baker	Kitchen		ruary 15,	19 62
5. SEX	6. COLOR OR RACE 7. M	ARRIED X NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In yes	ars   IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	Caucasian with	DOWED DIVORCED	Dec. 24, 189	93 last birthde	11101111110 00/0	Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work   1 orking life, even if retired)	106. KIND OF BUSINESS OR INDUSTR			ry) 12. CITIZEN O	F WHAT COUNTRY?
Retired Nav			New Yo	orki	11	ISA
13. FATHER'S NAME			14. MOTHER'S MAIDEN			1041
Cyrus B.	Kitchen		Ellie L.	French		
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES? fyesgive war or dates of service	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Addı	ess	
	W I. WW II		e: Mrs. Dick	key K. Kitche	n. Same as	#2
		per line for (e), (b), end (c).]	0, 120, 520,	roj ir irrodio		TERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY: A	rteriosclerotic H	eart Disease	e with Myocar	dial Infar	ction
hap's	O DUE TO					
Conditions, if eny	, which ) (b)				W 100 100 100 100 100 100 100 100 100 10	
geva rise to immed	ele cause					
(a), steting the u	noerlying					
	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERM	MAL DISEASE COMPITION	CIVEN IN DARK 1(-) ( 1	WAS ALIZONEY
2	STORM CONDITIONS	CONTRIBOTING TO BEATH BOT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION	SIVEN IN PART I(0)	PERFORMED?
5						YES K NO
OR CONTRIBUTING	AS UNDERLYING   20b.   CAUSE OF DEATH   MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Entar nature of injury in	Pert I or Pert II of item 1B.)		
YOUR HOUR OF INJU			CE OF INJURY (Homa, far ory, street, office bldg., etc		(County)	(State)
21. I certify t	hat XI) (this hospital) a	attended the deceased from	Jan. 22,,	1962, to Feb.	15. 19.62	hat XI) (we) last
		15.,19.62, and that				
22e. SIGNATURE						22b. DATE
1	Loward Co	2Pe asson M	BING .	MED. STAFF DIRECTOR PHYS.	X Februa	SIGNED
22c. PHYSICIAN'S			22d. ADDRESS		a rebrua.	TA TO TEC
NAME (Type)	HOWARD A. P.	EARSON LCDR MOUS	N U.S. I	Naval Hospita	L, Bethesd	a, Md.
23e. BURIAL, CREMATI REMOVAL (Specify) BULLAL	ON, 23b. DATE THEREOF 2-19-62	23c. NAME OF CEMÉTERY C	or crematory gton Nations	23d. LOCATION (City,	town or county) gton, Virg	(Stete)
24 NUNERAL DIRICTOR	S PONATURE PONIL			C'D BY REGISTRAR 25b.		
Robert A. P	umphrey Funer	al Home, 7557 Wis			Inthur S. Fran	
- T						

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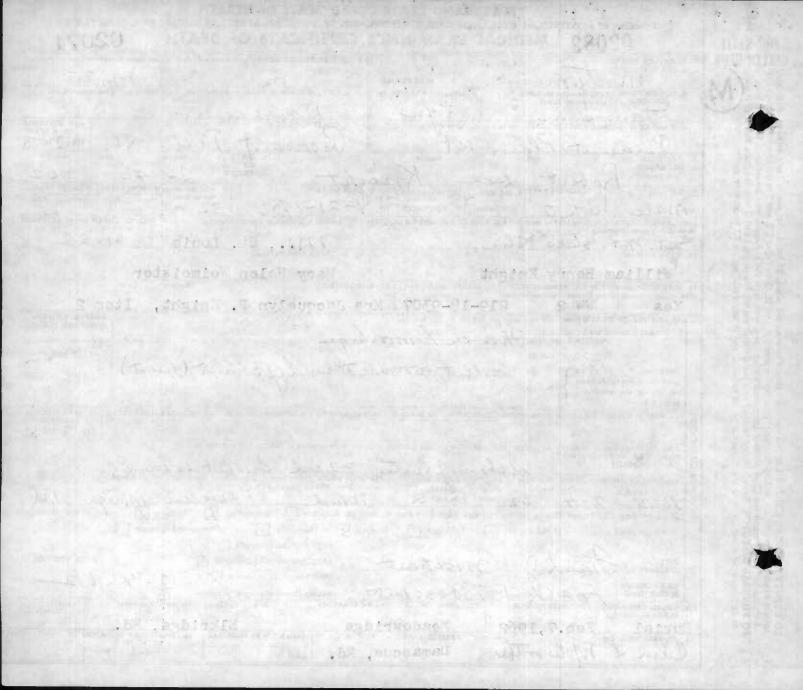
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# FOR STATE ctor. Page ur files. TO DEPUTY REDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execut. 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bos or its designated agent, prior to burial, cremation, or removal, and in any eyen! Within 72 hours after death.

VS. A15ME SM 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		2011
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If institution: R	esidence before edmission
montamery MARYLAND	e, STATE b, COUNTY	2007
b. CITY OR TOWN (if outprise corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
Prite RURAL and give searest town)	V 37.	
Dameseus spe	1 Namascus	to become to
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
Please + Place Rel	Bleasant Blain Re	YES NO
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print)	DEATH 9- 44	1962
5. SEX 6. COLOR OR RACE 7 MARRIED 17 NEVER MARRIED 1 8	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1	
The state of the s	line high facilities	Days Hours Min.
male white widowed DIVORCED	1-21-1926 36 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life_evan if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
Sgt, md. State Police	mo. St. Louis	4.Sa
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Wallan Howen Was alst	Many Walley Waterston	
William Henry Knight	Mary Helen Weimeister	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)   (Ifyesgivewerordatesofservice)	INFORMANT Address	
Yes   WW 2 219-18-9307   M	rs Jacquelyn P. Knight, It	tem 2
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thoracic heron	of use	
	and the same of th	sudd.
DUE TO	0-0 0 1101 119 11	Len
Conditions, if any, which gave rise to immediate causa	1 three left thest (heart)	
(e), stating the underlying DUE TO		
cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
JTY		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING  CAUSE OF BEATH.	(Enter nature of injury in Part I or Part II of item 18.)	
PRIMARY OF CONTRIBUTING		7
What had the	32 cal bullet wound	
20c. TIME OF INJURY Month, Day, Year 20d/INJURY OCCURRED 20e. PL. Hour a.m. While Now While at work et work of the	ACE OF INJURY (Home, farm, 200) (City or town) (Cou	nPy) (Stata)
Hour a.m. 2 - 44 19 6 2 at work et work	home Neurellus min	To mo
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection , Inquiry ,	and in my opinion
		1
death resulted from: Natural causes . Accident . Suid	AL	
1 1 1 1 1 1	CHIEF MEDICAL EXAMINER	
SIGNATURE Trand Q. Brechart	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	DEPUTY MEDICAL EXAMINER	62-
NAME (Type) FLANK J BLOSCHER	Address (Street, city, town, or county)	
228. BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY O		(State)
REMOVAL (Specify)	des Walnut due Wa	
Burial Feb. 7, 1962 Meadowri	248. REC'D BY REGISTRAR   24b. REGISTRAR'S SI	GNATURE
Clin L. Molsunth Damascus	, Md . DATEEB 8 '62 Cultury S. 7	LEMAN



	MARYLAND STATE D	EPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORD	S, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
	02000 CERTIFICAT	TE OF DEATH	02072
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution	na Residence before edmission
_	Monigomery MARYLAND	. STATE DISTRICT OF CO	lumbia
1	b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b write RURAL and give meerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give naarasi town)
0	or Luer Spring a Days	WAShING 10h, 1	0.C. 47x
A	d. NAME OF HOSPITAL OR INSTITUTION OF not in hospital, give street address.  THER NOOD LAND NUTSING HOME.	1315 TRIS ST. N.W.	o. IS RESIDÊNCE ON A FARM? YES NO
3.	NAME OF First Middle	Last 4. DATE Month	Dey Yeer
	OTTO PRINT PLANTS - HR	UEGER DEATH February	21 1962
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDE	R 1 YEAR   IF UNDER 24 HRS.
	F WIDOWED DIVORCED	DULY 14, 1882 Jast birthday) Months	Deys Hours Min.
10a do	. USUAL OCCUPATION (Give kind of work ne dyring most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY
	HOUSE MAID	GERMANY	4,5.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-050
	HENRY KRUEGER	HNNA MKUE	-6CK
	WAS DECEASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO.   17.	INFORMANT Address	
	086-26-2140	HOSPITAL RECORDS	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cholmetian	2 milko
	153 DUE TO		
	Conditions, if any, which (b) ledenstand	noma of colon,	1 blav.
	geve rise to immediate ceusa		
	cause lest. (c)		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	
ATIC			YES NO Z
CERTIFICATION		D. (Enter nature of injury in Part I or Part II of item 18.)	
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
SAL	20c. TIME OF INJURY Month, Dey, Yeer   2Dd. INJURY OCCURRED   20e. PL		County) (State)
MEDICAL	at week at week	tory, street, office bldg., etc.)	
12	y.m.	B-7 1060. 41006	10/13 1 10/1 21
	21. I certify that (I) (this hospital) attended the deceased from.		
	saw the deceased alive on 2024. 1962, and tha	t death occured at	the date stated above
	22a. SIGNATURE	ATTENDING MED. STAFF	SIGNES
	22c. PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	
	NAME (Type) SERUCH T. KIMBLE	922 Perlana ber like	a Spence My
	. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF GEMETERY	OR GREMATORY 23d ACCATION (City, town or cou	anty) (State)
3.8	REMOVAL (Specify)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Stele)
-	FUNERAL DIRECTOR'S SIGNATURE / ADDRESS &		C CICALATURE
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR	
	Cycle ment from 1700 Longe	OATE FEB 23 '02   Oathur	2 Kroug

Phenitically Doses to Colombia SLUER SOLLE BAR BAR TOND C Winter Weed his Known Hone 1315 IRIS ST. WW. ELIZABETH - KKI EGER FRIDENRY ILL GE 2044 14 1884 99 Heuse rimid GERMANY 21.5 KRUEBER HENRY KRUEGET HONE 286-28-28 Marin Paris The Secret winds in American Same to divinity the second of the second of the Engine I think a street from a server to the comment of King to have of fine this stops to the King to

within 24 hours after

requires that the

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by the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL CLOSE After this certificate has been signed by the attending physician and completely filled director, page 4.7 Auld be detached for use as the burial-transit permit. Then please remove carbon papers. Page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event mithin 72 hours the

15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02074

		00000				-					
1. PLACE a. COU	OF DEATH				1137 6	USUAL RESIDI	ENCE (Whare	daceesad lived, If i		dence before ad	mission)
	h- T	nowie Pil		MARYLA		B. SIAIL		b. CO 014			/
b. CITY	OR TOWN (I)	outside corporata lim	s,   c	LENGTH OF STAY	IN 1b	c. CITY OR TOW	'N (If outside co	rporate limits, writa	RURAL end g	ve nearest town	)
4		ive nearest town)		21/2	-	Washin	gton.	D.C.	11	11.3	
d. NAA	ME OF HOSPITA	L OR INSTITUTION (	f not in hasnite	al give street addless	3	d. STREET ADDRE				I e. IS RES	SIDENCE
1	111	1/11		,				Street	N.W.		FARM?
(4)	RROIL	MAILO	ANILA	elum							но 📗
3. NAME		rirst		Middle	,	Last	4. DATE	-		Day Year	/
(Typa o		(-Ec		C.	4	AUBROS	S DEAT	H TEB.	2	-8 19	62
5. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D/	ATE OF BIRTH	-1	9. AGE (In yeers   last birthday)			
m		w	WIDOWED [	DIVORCED	7 2/	28/87		yrs.	Months Dey	ys Hours	Min.
10a. UŠU	AL OCCUPATIO	N (Giva kind of work	10b. KIND	OF BUSINESS OR IN	IDUSTRY   1	1. BIRTHPLACE (C	County & Stata,	or foreign country)	12. CITIZE	N OF WHAT CO	DUNTRY?
Ret.	ng most of work	ing lifa, avan if ratira Wner Sho	W Boat	t Restura	ant	B. +.	non		U.	S.A.	
	ER'S NAME					MOTHER'S MAID	PREE				
Cil	1 7	1 1			17.			0000011			
Ch	R15/05	LAMK	1ROS			Aspasia	rapai				
Yes, no, o	DECEASED EVER or unkown)   (Ify	IN U.S. ARMED FOR esgivawarordates of s	CES? 16. SC	CIAL SECURITY NO.	17. INF	DRMANT		Address	11 -		
no				?	Har	ry Lamb	ros	same as	#2		
18. C	AUSE OF DE	ATH [Enter only ona	causa per lina	for (a), (b), and (c).]	-					ONSET AND DE	
		WAS CAUSED BY:	(0	RONARY	74	4ROMB	0515			5 MINU	
	4-1	DUE TO		/							
Condi		-	FSS	SENTIAL	/.	LUPIA	75110	1117			
	itions, if eny, rise to immadia	a causa				7-1-610	1-1100	1016			
	stating tha un-	darlying DUE TO				~ 1	A7-3	/ -	0	-	
causa		) (c)	GE	NEICAL	-121	ED AI	KIEICI	DICLE	50 717		
NO P	ART II. OTHER	SIGNIFICANT CONDI	TIONS CONTR	IBUTING TO DEATH I	BUT NOT RI	LATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	EN IN PART 1(	a) 19. WAS AL	
TA			C+4	RONIC	TPD.	15747	1115			YES 1	NO E-
		S UNDERLYING	20b. DESCR	IBE HOW INJURY OF	CURED. (Er	ter natura of injury	in Part I or Par	t II of item 18.)			
UF EIT		CAUSE OF DEATH									
₹ 20c.	TIME OF INJUR	Y Month, Day, Ya	er   20d. IN.	URY OCCURRED   2	Oe. PLACE	OF INJURY (Homa,	farm, ; 20f. (C	lity or town)	(County	·) (	State)
20c.	Hour e.m.		Whila at work	Not Whila	factory,	straat, office bldg.,	, atc.)				
-	p.m.	19	-		-		1 20	5.0 20	2		-
		at (I) (t <del>his hospi</del>									
saw	the decease	d alive on	EB2	19.6.2, and	d that de	ath occured a	12245M, fro	om the causes	and on the		
22e.	SIGNATURE	/	1	2	77.3	ATTENDING	MED	STAFF		22Ь.	DATE SIGNED
	110	eny gery	for	Mon	M.D.	PHYS.	DIRECTOR	PHYS.		2/2	25/6:
	PHYSICIAN'S		-			22d. ADDRESS	5206	NORW	AY DI	R.	
	HAHE HY	M. Lowd	en					y CHI			
23e. BURI	AL, CREMATIC	N, 236. DATE THE	EOF 12	3c. NAME OF CEM	ETERY OR	CREMATORY		CATION (City, toy		(Ste	ota)
REMO	VAL (Specify)	3/2/62		Glenwoo				shingtor		. C.	1
		1 21		- ADDRESS :		1		ISTRAR 256. REC			
The	S.H.		mpany	2901,17	th S	210		230. KEC	MC AK 3 310	MATORE	
1110	11.	1111100 00	parij	Washing	ton (	D. CAL	MARY 2 '6	2	Laur S. 16		
								1-1-1	D. 11	CALAN	

PAUSO 3000 T. T. T. Mark Sur L. T. Can. . I de l'annue a faile de l' AND THE STREET STREET, STREET to da in the contract of PR-\12\5\00000 THE STREET STREET, IN THE PARTY OF THE PARTY. - Enterest the same and the constant residues -THE STATE OF SECRETARIAN SECTIONS The state of the s Halling . A. Tuliet All cultiped Appropriate THE R. H. HEREN COMMAND RESIDENCE P. D. C. St. Lett.

	DIVISION	OF STATISTICAL	RESEA	RCH AND RE	TE DEP	ARTMENT O	N STREET.	H BALTIMOR	E 1. MAR	YLAND	
		02093	-	CERTIFI	CATE	OF DEATI			U	207	6
8.	ACE OF DEATH	н		ems do Vi	LM G	2. usual resider		easad lived, If in b. COUNT		anca before	dmission)
	CITY OR TOWN (	if outside corporeta limit d give nearest town)	s,	c. LENGTH OF ST		c. CITY OR TOWN	(If outside corpor	rata timils, write	RURAL and giv	e nearast tow	/n)
	Bethesda	g give nearest town)		14 day	rs	Clayton			70X	. 3	
d.	NAME OF HOSPI	TAL OR INSTITUTION (	f not in hos	pital, give street add	ress)	d. STREET ADDRESS	S				A FARM?
	The Clini	ical Center	Beth	esda 14,	Md.	Route #2	-			YES Z	
D	AME OF ECEASED ype or print)	Fab Fab		Goldes		Lee	4. DATE OF DEATH	Februar	y 22	y Yee 19	62
1	Male	6. COLOR OR RACE	7. MARRIE		n.	ecember 12,		AGE (In years last birthday)	Months Days		Min.
10e. done	USUAL OCCUPAT	ION (Give kind of work orking life, even if retire		IND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Con	unty & State, or fo	oreign country)	12. CITIZEN	OF WHAT	COUNTRY
	Farmer		Ag	gricultura	ıl	North Car	olina			U.S.A.	
13. [	ATHER'S NAME					14. MOTHER'S MAIDE	N NAME				
	Haff Lee					Cora Wats					
		ER IN U.S. ARMED FOR		SOCIAL SECURITY I		-116	Medical		6. 13		
	Vo			38 <b>-</b> 56 <b>-550</b> 7	The	Clinical C	enter, E	Bethesda		ryland	1
		DEATH [Enter only one H WAS CAUSED BY: IMMEDIATE CAUSE (a)		bral Hemo:					(	onset and 24 hou	DEATH
	Conditions, if engage rise to immedia), stating the course last.	DILL AV	Acut	e Myelocy	tic Le	ukemia				5 mon	ths
		R SIGNIFICANT CONDI	TIONS CON	ITRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIVE	N IN PART 1(a)		AUTOPSY DRMED?
CERT	OR CONTRIBUTING	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER	2Db. DES	CRIBE HOW INJURY	OCCURED.	(Enter nature of injury i	n Pert I or Pert II	of item 18.)		The state of the s	
MEDICAL	Hour a.m.	JRY Month, Dey, Yes	While	Not While at work		E OF INJURY (Home, fe ry, street, office bldg., a		or town)	(County)		(State)
3	a. I certify to	that <b>M</b> (this hospit sed alive on <b>Fe</b> .b)	al) atten	ded the decease .2219.62,	and that	February 87	100 FA to.I	ebruary	2219.62 and on the	dale state	d above
	220. SIGNATURE	seroff. To	teo	u	м.		MED. DIRECTOR	-	Februar	у 23,	SIGNED
2	PHYSICIAN'S NAME (Type		Levi	n, M.D.		Institute		1th, Be	thesda		
R	BURIAL, CREMATEMOVAL (Specify Buried		EOF 2	23c. NAME OF	CEMETERY O		23d. LOCA	TION (City, tow ithfiel	n or county)		iteta)
35	HAZUN'O	R'S SIGNATURE /	lome S	ADDRESS Am. 389-	R.Da	250. R	EC'D BY REGISTE		ISTRAR'S SIGN		
	/)	~	1								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 by the hospital or attending physician.

S TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 5 would be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 3 shorts be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYL	AND STATE DEPARTMENT	OF HEALTH
DIVISION OF STATISTICAL RESEARCE	CH AND RECORDS, 301 W. PREST	TON STREET, BALTIMORE 1, MARYLAND
02094	CERTIFICATE OF DEAT	TON STREET, BALTIMORE 1, MARYLAND $1000$

	1. PLACE OF DEATH  •. COUNTY ,		2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission
1	Montamery	MARYLAND	e. STATE MARY INVITATIONS D. COUNTY MANTENERS
1	b. CITY OR TOWN (il outsida corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest lown)
	write RURAL end give nearest town	201.	0/1.11
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pitel, give street eddress)	d. STREET ADDRESS   0. IS RESIDENCE
	S. 1 0 1 Hosai Ex	/	ON A FARM?
-	3. NAME OF First	Middle	
П	DECEASED	Widdle	OF 41
4	(Type or print) VIR 9 INIA	MAR	Lee   DEATH +4 15 1962
1	5. SEX 6. COLOR OR ACE 7. MARRIED	NEVER MARRIED   8.	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	temple White WIDOWER	DIVORCED	MARCH 3 1892 69 yrs. Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working lile, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY
1	Housewels		West Virginia 45A.
ľ	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	Royand B +0. Yours	)	M. Oli Talm)
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 1 17 I	1. Carrie
1	(Yes, no, or unkown) (Ifyesgivewerordelesofservice)	0 10 77160	
-	NO 18. CAUSE OF DEATH [Enter only one ceuse per li	9-12-1310 (ac	l E. Le (Son) same as above
1	PART I. DEATH WAS CAUSED BY:	ne for (a), (b), end (c).)	INTERVAL BETWEEN ONSET AND DEATH
1	IMMEDIATE CAUSE (e)	40CM/21	VIAC INTERCT dary
-	DUE TO	16 . 1	1 1/ 18
1	Conditions, if eny, which \ (b)	temoscer	sholder Visesse year
1	geve rise to immediate cause (a), stating the underlying DUE TO		
	cause lest.		
1	177	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	DIARE	7720 11	1 F( / 1 T7 ) C PERFORMED?
	ZDa. ACCIDENT WAS UNDERLYING   206. DESC	CRIME HOW INTURY OCCURED	(Enter neture of injury in Pert I or Part II of item 18.)
1	PART II. OTHER SIGNIFICANT CONDITIONS CON  2Da. ACCIDENT WAS UNDERLYING   2Db. DESC  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	INDE TO THE PROOF COUNTY	
4		III Ibu a sautara i aa	
1	20c. TIME OF INJURY Month, Dey, Yeer 2Dd, I Whila Hour e.m. 19 et work		CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) ory, streat, office bldg., etc.)
1		at work	
1	21. I certify that (I) (this hospital) attend	led the deceased from	2/14/62, 19 to 2/15/62, 19 that (1) (we) la
1			death occured at 1.1.15.M, from the causes and on the date stated above
ı	22e. SIGNATURE		
1	Heurs (" Here	uses un	ATTENDING MED.  D. PHYS. MED. STAFF 2/15/62
1	22c. PHYSICIAN'S		22d. ADDRESS
	NAME (Type) Henry C. Sc	ruggs	7720 Wisconsin Ave. Beth. Md.
	230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)
	Burial 2/19/62	Arlington	
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Cemetery   Arlington, Virginia   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
		thesda, Mary	-1 and FFR 21 '62   O = - 0 4
1	tobele ii. Lampiney, be	oridada, ridry	TAILU DATE DATE

1 3 1 7:13 to be 2221 E demit the Xon A status Samo Acres Sent Sent Contract of the Sent Sent Regular Bedward Tolan Talan NOT THE PROPERTY - 12-7310 ( LE JU ( Se) NEW COM Hearty G. Scruege 1720 Wisconsin Ave. Seth. Md. Surial 249 62 Artington Courts: Artington Visulata 

### FOR STATE HEALTH DEPT.

cessary, or. Page iles. TO DEPUTY INDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute ertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral d 4 should be to writed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bod or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02078

		TIME INTOLINE	all wide ireanirea)		
1	05	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

ı	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission)
	man Gran & ALL MARYLAND	a. STATE b. COUNTY May La
1	b. CITY OR TOWN (if outside coporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give marest town)
1	write RURAL and give neares town)	188 1
-	Selver Epring 7 yr	& Selver Spring
	d. NAME OF HOSPITAL OR INSTITUTION (if not is hospitel, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
	1602 November Do-	1602 Nous Da YES NO NO
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	DECEASED (Type or print)	ble DEATH 1/ 12 10/2.
ŀ	11 me w. 24	Ter 12 1962
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 80	DAN OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Kure white WIDOWED DIVORCED	3-9-1875 86 yrs.
I	USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
1	wone during most of working life, even if retired)	000
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		A. MOTHER'S MODELY ROME
1	Henry Wittland	Carolin Schement
71	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown)   (liyesgiveyerordetesofservice)	IFORMANT Address
1	1/0	us Brown (Serter) Steen 2
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	1 INTERVAL BETWEEN
1	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
1	IMMEDIATE CAUSE (a) Cormany o	sude
П	TOLO DUE TO	
	Conditions, if eny, which (b)	
1	gave rise to immediata cause	
1	(a), steting the underlying cause lest.	
		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
П	Q TAKE III. OTHER SIGNIFICANT CONSTRUCTOR	PERFORMED?
	3	YES NO IX
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURED. (End  208. EXTERNAL CAUSE WAS CONTRIBUTING CONTRIBUTIONS CO	ter natura of injury In Pert I or Pert II of item 1B.)
ı	CAUSE OF DEATH.	
1	20c, TIME OF INJURY Month, Dey, Year   20d, INJURY OCCURRED   20e, PLAC	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
п	11001 0.11.	ry, street, office bldg., atc.)
1		
1	21. I certify that I took charge of the remains described above, held	d an Autopsy , Inspection , Inquiry , and in my opinion
1	death resulted from: Natural causes 💢 Accident 🗍, Suicid	de, Homicide, Undetermined manner
1		CHIEF MEDICAL EXAMINER
1	ACTUAL TO A A	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
1	SIGNATURE SELLING TO STOCK	_ M.D.
1	EXAMINER'S PLANE TO	DEPUTY MEDICAL EXAMINER & July 12-62
1	NAME (Type) FMANS J. TShuschart	Address (Street, city, town, or county)
	OREMOVAL (Specify)	CREMATORY 22d. LOCATION (City, lown, or country) (State)
	BURIAL 417/1962 GREENMOUN	TEM QUINCY ILL
1	23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
	W.W. CHAMBERS, INC. SILVER SPRIN	MO DATEFR 1 9'62 Outling 8 4
	010-6-01-10	DATFEB 1 9 '62   Oatlang & Knie

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before edmission) e. COUNTY a. STATE Montgomery
b. CITY OR TOWN (if outside corporate limits, Maryland MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) write RURAL end give nearest town) 8 hours Bethesda (Rural Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 1 3 to the funeral by be retained with the State B. 8500 New Hampshire Ave. S. Naval Hospital. NAME OF Middle 4. DATE DECEASED (Type or print) DEATH Lofland February Kathryne Gant with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 2 with s 1, 2, and 3 age 5 may 1 and 2 wit 72 hours last birthday) Months Female Caucasian WIDOWED DIVORCED December 26, 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page done during most of working life, even if retired) CLERK File pages 1 North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Palmer Morrow Fav Gant 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address SILVER SPRINGS, MD. (Yes, no, or unkown) | (If yes givawar or dates of service) any 8500 NEW HAMPSHIRE AVE BOYD L. LOFLAND This certificate should be executed 1B. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c). Office along burial-transit 2 PART I. DEATH WAS CAUSED BY: removal, and IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which "pending" gave rise to Immediate cause Ø DUE TO (e), stating the underlying 98 Examiner Salicylism Acute ō pesn cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.19. WAS AUTOPSY CERTIFICATION "Arificate, writing the word "
ded to the Chief Medical Ex.
ECTOR: Page 3 should be u
gent, prior to burial, crematio 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Pert II of item 18.) Reported - drinking aldoholic beverages daily for number of days. Stated to have been taken aspirin PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, : 20f. (City or town) Not While O factory, street, office bldg., etc.) Hour e.m. et work et work DIRECTOR: F 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection Inquiry Pep agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER PUNERAL DIN ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY plnods Bhosehark NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Spacify) 240 g ARLINGTON NATIONAL CEMETARY BURIAL ARLINGTON, VIRGINIA 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME GEORGIA AVE, SILVER SPRINGS DATE ER 2 8 '62 5M 9/60 WARNER E Chillian S. Thouse MARYLAND

e. IS RESIDENCE

YES NO X

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO 1

librium

and in my opinion

DATE SIGNED

(State)

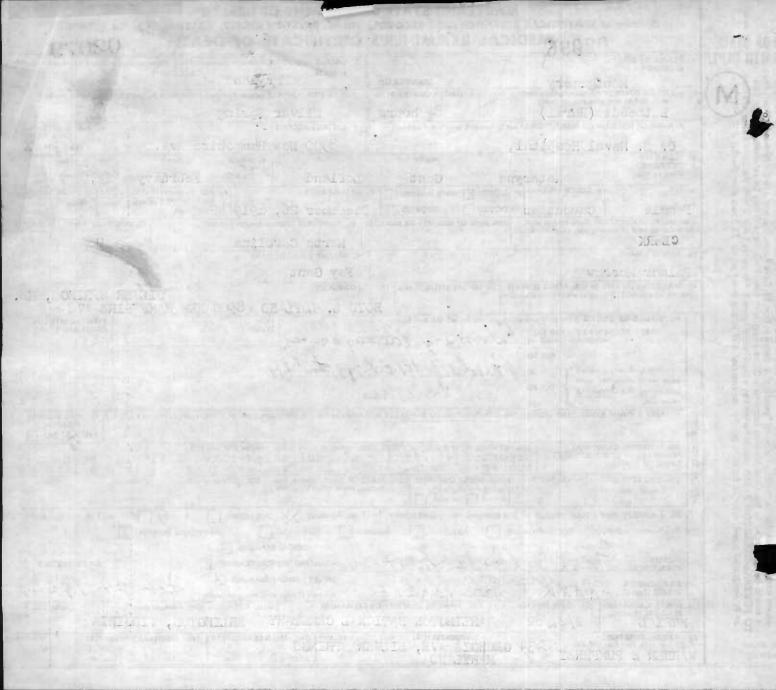
(County)

12. CITIZEN OF WHAT COUNTRY?

USA

IF UNDER 24 HRS.

ON A FARM?



### AARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEA W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02097 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution, Residence before edmission) a. COUNTY Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give naerest town? 29 Silver Spring 3 days Kensington within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 2206 Prichard Road Kensington Gardens Nursing Home completely NAME OF 4. DATE 72 DECEASED Lillie Lohman (nmi) (Typa or print) DEATH February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED carbon 5. SEX B. DATE OF BIRTH and female white Dec. 20, 1877 WIDOWED # DIVORCED certificate physician 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY remove 11. BIRTHPLACE (County & Steta, or foreign country) done during most of working life, even if retired) St. Louis, Missouri Housewife Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 ding Frederick Reiffeiss and aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. | 17. INFORMANT removal, (Yes, no, or unkown) (Ifyesgive war or detes of service) None the permit. 18. CAUSE OF DEATH [Enter only one ceusa per line for (a), (b), end (c). physician. signed by PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (a) certificate has been signer use as the burial-transit DUE TO attending Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying burial, cause lest. OTHER SIGNIFICANT CONDITIONS CONTABUTING TO DEATH BUT NOT hospital as of Prior 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for the this by After 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Home, farm, Not While factory, streat, office bldg., etc.) MEDI Hour a.m. ö at work at work ECTOR: 8 21. I certify that (I) (this hospital) attended the deceased from ..... PIne saw the deceased alive on. 22a. SIGNATURE ATTENDING DIRECTOR M.D. our

Catherine Geimer Address Mrs. Lillie L. Cleaver 2306 Blueridge Ave.S.S.Md. INTERVAL BETWEEN 10b. DESCRIBE HOW INJURY OCCURD. (Enternature of injury in Port I or Port II of Item 2Df. (City or town) (County) (State) SIGNED PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BUTLAI (Specify) Parklawn Cemetery St. Louis. Missouri 2-21-62 1843 Aboress Georgia Ave. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S, SIGNATURE Warner E. Pumphrey, Inc. Silver Spring. Md. DATIFEB 2 1 '62 Clathy & House

b. COUNTYMontgomery

Day

16

Deys

U.S.A.

Month

last birthdey)

AGE (In years | IF UNDER 1 YEAR

Months

e. IS RESIDENCE ON A FARM?

YES NO

1962

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

death. Page... director, page. be filed with th

OH VR A15 (4) 15M 9/60

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1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N				Fullphrey, Inc.	Warrier H.

## by the funeral OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wirning death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL SECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 would be detached for use as the burial-transit permit. Then please remove carbon papers. Page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12081

02081 02098 02081

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased livad, If institution: Residence before admission)
" COUNTY CO METEL COUNTY MARYLAND	" STATE LAND b. COUNTY Montgomery
b. CITY OR TOWN (I outside corporate limits, CLENGTH OF STAY IN 16	LIZC. CITY OR TOWN (If outside corporete limits, write RURAL and give eerest town
Detherd a WEEKS	Potomoc Rethesda
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	1 d. STREET ADDRESS 0 9808 PARKWOOD . IS RESIDENCE
Besmay Harridal & Sanidarium	9550 NOW DRIVE YES NO IF
3. NAME OF First Middle	Last 4. DATE Month Dey Year
(Type or print) MARY JACOBS L	OhR DEATH JARRHARY 12 1962
5. SEX 6. COLOR OF RACE 7. MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y AR IF UNDER 24 HRS.
Pemple White WIDOWED DIVORCED	TON: 4 1875 St. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
House wife Housewite	MADISON COUNTY, VA. United State
13. FATHER'S NAME DIVIDED W.	14. MOTHER'S MAIDEN NAME
Jeneu Wallage JAEOBS	UNKAMA AliCE COPPAGE
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address 9550 RIVER RA
(Yes, no, or unkown) (Ifyesgivewarordetasofservice)	IRS. Charles F ///sanports I MI
iB. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CIRCULA	TORY COLLAPSE ONSET AND DEATH
33 1 X DUE TO	roig coscili
Condition if an China	PALVASCULAR ACCIDENT 2+down
geve rise to immediate ceuse	The ways
(a), stating the underlying DUE TO GEAL AT	CHERIOSCIEROSIS 10+ YRS.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
13 HYPERPYNE	YA (107=) YES NO I
OR CONTRIBUTING CAUSE OF DEATH	(Enter neture of injury in Part I or Pert II of item 18.)
	$H \cdot H$
	CE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State)  ory, street, office bldg., etc.)
Hour a.m. While Not While set work at work	
21. I certify that (I) (this hospital) attended the deceased from.	16 JAN, 1962 to 12 Ft B, 1965, that (1) (we) last
saw the deceased alive on	death occured and M. from the causes and on the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF 226. DATE
Charles Awales, h M	Tanna Tannanan Tanna
22c. PHYSICIAN'S NAME (Type) C'HOMICES J. SAVALESE J.	n 22d. 199RESS ON BATTERY LANE BENYESVA
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	DR CREMATORY   23d. LOCATION (City, town or county) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial 2-14-62 Graham Cemeter	
	orgia   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Warner E. Pumphrey. Inc. Silver Spring. M	d- Ave 15'62 Cathon & H.

, 6. 3 3 Herophold Branch of plant premopted Bellioder Telephoder tracement Hospital & Sanitanium 12 Se A - Very Horizon Value of the Property Company MARY SPECBS LICHE SHEMINES Tomale While Jan 4 1878 8817 Hensewith Stonessing Marison County, VA Contestal Honey Cuallan Thomas Patrious Alice Carlo No No No New Mas Charles E Wilsonhames of M CEREBRAL VEROLUME MENTER TERM THE RESTORATION OF THE PROSECULAR STATES (3001)-21432003301 A.W.C SAM THE STATE OF T THE STATE OF THE PARTY OF THE STATE OF THE S Berini 2-1-62 Geoff Sheeten Orthon

### Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) COUNTY b. GOUNTY Page files. Health, b, CITY ONTOWN (if outside corporete limits, MARYLAND Montgemer c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) for. write RURAL and give pearest town) akoma rark d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS Boar 3 to the funeral of 11803 avandulew Ave HOSOHal State 3. NAME OF DECEASED Middle 4. DATE Month the DEATH (Type or print) Februari rs after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH may 2 age 5 may 1 and 2 with 72 bours a last birthday) Months | Days pencil in Item 18. Give Pages 1, 2, and Female WIDOWED [ DIVORCED (comber 1 24 hours after 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country Page s done during most of working life, even if retired Housewide pages 1 13. FATHER'S NAME form PM3. 14. MOTHER'S MAIDEN NAME JOHNSON LINKNOW N UNRNOWN MARIE permit. File p should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) with 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] e along PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a)\_ Office a DUE TO removal, Conditions, if any, which (b) "pending" gave rise to immediate cause ro DUE TO (e), stating the underlying Examiner' 98 0 cause last. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY writing the word Medical should 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. 20d. YJURY OCCURRED | 20e. PLACE OF INJURY Viome, farm, | 20f. (City or town) | While | Not While | factory, street, office hldg. etc.) Chief age to bu 20c. TIME OF INJURY Month, Day, Year (County) at work at work the P. P. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry 20 DICAL RECTO Natural causes Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER lease execute 1 should be for PUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) SUITLAND, MARYIAND CEPAR HILL CEMETERY 40 6 DURIAL 0 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME DATE FEE 9 Christ s. Timera

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a. IS RESIDENCE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02083

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

B. COUNTY    D. CITY OF TOWN (If object represents limited)   C. LENGTH OF STAY IN 16		1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution; R	lesidence before edmission)
B. CITY OR YOWN (If unbuff component limits)    C. CITY OR YOWN (If unbuff component limits)   C. CITY OR YOWN (If unbu		ha in la in	e. STATE b. COUNTY	10.1
STREET ADDRESS	1		CITY OF TOWN III wild a second limit of the second	ing
d. NAME OF HOSPITAL DE INSTITUTION (If not in hospital, give great address)  2. TAME C.	Ш	write NURAL end give marest town)	c. CITT OK TOWN (III buiside corporere Jimits, Write KOKAL end	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If no In hospitals, give Greet address)  (2.7 Macuae (2.2 Macuae)  (3.1 NAME OF HOSPITAL OR INSTITUTION (If no In hospitals, give Greet address)  (3.2 MACUAE (2.2 Macuae)  (3.3 NAME OF GREET ADDRESS (2.2 COLOR OR MACUAE)  (4.4 DETERMINE (2.2 Macuae)  (5.5 SEX  (5. COLOR OR MACUAE)  (6.1 NAME OF BUSINESS OR INDUSTRY (II. BIRTHPLACE (Sinte or feerign country)  (7.5 SEX  (6. COLOR OR MACUAE)  (7. MARBIDE (1.2 Macuae)  (7. MARBIDE (1.2 Macuae)  (7. MARBIDE (1.2 Macuae)  (7. MACUAE)  (7. MARBIDE (1.2 Macuae)  (7. MACUAE)  (7. MARBIDE (1.2 Macuae)  (7. M	Щ,		X Tockwelle	
3. NAME OF DECEMBER    A. DATE   Month   Day   Year   19/6 2	7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give great eddress)	d. STREET ADDRESS	
DECEMBED    DEATH   Section   DEATH		627 Marcia Laur	627 Marcia Lane	
S. DATE   S. CALOR OF BACK   J. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   J. AGE (In year)   If UNDER 1 YEAR   IE UNDER 2 YEAR   Hours   Min.	1			Dey Year
WIDOWED   DIVORCED   S 3 - 4   S   War   Manife   Days   Monite   Days				3 1962
Manual   Manual   Misowed   Manual   Misowed   Manual	1	5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8		YEAR IF UNDER 24 HRS.
13. FATHER S NAME		WIDOWED DIVORCED TI	2 3 - 1/2 1 14 A MOINIS	Deys Hours Min.
14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. VAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. VAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. VAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. VAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. VAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. VAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. VAS DECEASED EYER IN U.S. ARMED FORCES   18. CONTRIBUTION OF CONTR		Asa. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR		ZEN OF WHAT COUNTRY?
13. PATHER'S NAME    MAINTER'S NAME   MA	f	done during most of working life, even if retired)		
Unknown   15. WAS DECASED FOR IN U.S. ABMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   18. SOCIAL SECURITY NO.   17. INFORMANT   Address   18. SOCIAL SECURITY NO.   18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).   ADDRESS   18. SOCIAL SECURITY NO.   19. WAS CAUSED BY ONSE! AND DEATH   SUCCESS.   18. SOCIAL SECURITY NO.   19. WAS CAUSED BY ONSE! AND DEATH   SUCCESS.   18. SOCIAL SECURITY NO.   19. WAS CAUSED BY ONSE! AND DEATH   SUCCESS.   18. SOCIAL SECURITY NO.   19. WAS AUTOPSY   19	-			1-3,4
15. WAS DECEASED FYER IN U.S. ARMED FORCES; (Yes, no, or unknown) [Hyes give wer or dales of service) NO  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Condition, if any, which gever ise to immediate cause (e), steining the undarlying cause lest.  (c)  Condition, if any, which gever ise to immediate cause (e), steining the undarlying cause lest.  (c)  Condition, or unknown) [Hyes give wer or dales of service)  DUE TO  Condition, if any, which gever ise to immediate cause (e), steining the undarlying cause lest.  (c)  Condition, or unknown and the service of the serv		IS. PATHER'S NAME	14. MOTHER'S MAIDEN NAME	
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18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).	1		as ma the a st	2
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Transit 2/4/62 M. Nicholar Brownsville, Pennsylvania  23. FUNERAL DIRECTOR Tyson Wheeler Funeral Home-1331 E. Montg. Ave.  246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		220. BURIAL, CREMATION, 226. DATE THEREOF 224. MAME OF CEMPTERY OR		(State)
23. FUNERAL DIRECTOR  ADDRESS  Tyson Wheeler Funeral Home-1331 E. Montg. Ave.  246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	1		A Browneyillo Bonne	n.l. n. i a
Tyson Wheeler Funeral Home-1331 E. Montg. Ave.	1	23. FUNERAL DIRECTOR ADDRESS		GNATURE
Rockville, Md.		Tyson Wheeler Funeral Home-1331 E. Montg.	Ave. FFD 7 JCC	

TO DEPUTY YEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executed a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be to raded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boa or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY VS. AISME 5M 9/60

Company of the section of the section SHIT AND THE WAR AREA TO THE SHOP THE PROPERTY OF SHIP THE PARTY. P. SINGSONSIA

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whara deceased livad, If institution: Residence before COUNTY b. COUNTY

. PLACE OF DEATH					
	7271		2. USUAL RESIDEN	CE (Whara decaased livad, If in b. COUNT	stitution: Rasidanca bafore admission)
Montgomery		MARYLAND	North Caro		V
b. CITY OR TOWN (if ou write RURAL and give		c. LENGTH OF STAY IN 16		f outside corporate limits, write	RURAL and giva naarast lown)
Bethesda	e liegiezi towu)	34 days	Swannanoa		70x-3
	OR INSTITUTION (if not in	hospital, give straet addrass)	d. STREET ADDRESS	III) kanastirkus	a. IS RESIDENCE ON A FARM?
The Clinical	L Center. Bet	hesda 14, Md.	Route # 1		YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Thomas	Joseph	Marett	DEATH Februa	arv 11 19 62
. SEX 6.			DATE OF BIRTH	9. AGE (In years   I	
Male			lay 15, 1892	last birthday) 69 yrs.	Months Days Hours Min.
a. USUAL OCCUPATION	(Giva kind of work   10	b. KIND OF BUSINESS OR INDUSTR		ity & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
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FATHER'S NAME	TIR THEET.	THETHOSTINE	14. MOTHER'S MAIDEN		Uabara
Pomiowin T	Manath		Mary Lou	Roose	
Benjamin I.  S. WAS DECEASED EVER I	N U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1			
las, no, or unkown) (livas	ALAU MOLOS GOISOLAICO				a 1). Marrel and
NO 1 18 CAUSE OF DEA		par lina for (a), (b), and (c).	e crimicar (	enter, bemieso	I INTERVAL BETWEEN
	/ + C C + 1   C   D D D D D				ONSET AND DEATH
	MEDIATE CAUSE (a) AC	ute Myocardial I	niarction		10 minutes
111	DUE TO				
Conditions, if any, v	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	iignant Carcinoi	d		10 months
gava risa to immadiate (a), stating tha unde	rlying DUE TO				
causa last.		pertensive Cardi			35 years
PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
				7 7 7 7 7 1 1 1 1 1 1 1	YES A NO
	The second section of the second section of the second sec				
208. ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	. (Enter natura of injury in	Part I or Part II of item 18.)	
	CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Year   2	20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Homa, fari	n, † 20f. (City or town)	(County) (Stata)
20c. TIME OF INJURY Hour a.m.	CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Yasr   2	od, injury occurred   20e. PLA		n, † 20f. (City or town)	(County) (Stata)
20c. TIME OF INJURY Hour a.m.	CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Year  19	20d. INJURY OCCURRED 20e. PLA Whila Not Whila fact work at work	CE OF INJURY (Homa, fari	n, 20f. (City or town)	
20c. TIME OF INJURY Hour a.m. p.m.	CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Yasr  19  (DX (this hospital) at	tended the deceased from	CE OF INJURY (Homa, farmory, street, office bldg., etc.	n, 20f. (City or town)	v. 119.62 that (N (we) las
20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that saw the deceased	CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Yasr  19  (DX (this hospital) at	tended the deceased from	CE OF INJURY (Homa, farmory, street, office bldg., etc.	n, 20f. (City or town)	y119.62 that (N) (we) las
20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that saw the deceased 22a. SIGNATURE	CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Yasr  19  (DX (this hospital) at	Nod. INJURY OCCURRED 20e. PLA While work at work tended the deceased from  19.62, and that	January8.  death occured af  ATTENDING PHYS.	n, 20f. (City or town)	v. 119.62 that (N (we) las
20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that saw the deceased 22a. SIGNATURE \ 22c. PHYSICIAN'S	CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Yasr  19  (DX (this hospital) at	tended the deceased from  19.62, and that	January 8.  death occured af  ATTENDING PHYS.  22d. ADDRESS T	20f. (City or town)  19.62 to Februar  MED. STAFF DIRECTOR PHYS.   The Clinical Cen	y119.62 that (N) (we) last and on the date stated above 22b. DATE SIGNET February 12, 196.
20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that saw the deceased 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	Month, Day, Year  (IK (this hospital) all alive on <b>Rebrua</b> )  Michael Field	tended the deceased from  19.62, and that	January 8.  death occured af  ATTENDING PHYS.  22d. ADDRESS TI	20f. (City or town)  19.62 to Februar  MED. STAFF DIRECTOR PHYS.   The Clinical Cen	y19.62 that (N) (we) last on the date stated above 22b. DATE SIGNET February 12, 196. ter, National ethesda 14, Md.
OR CONTRIBUTING (IF EITHER, NOTIFY MI)  20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that saw the deceased 22a. SIGNATURE \ 22c. PHYSICIAN'S	CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Year  19  (IK (this hospital) al alive on Rebruar  Michael Fiel  1, 23b. DATE THEREOF	thended the deceased from  19.62., and that  23c. NAME OF CEMETERY of	January 8 death occured af  ATTENDING PHYS. 22d. ADDRESS TO TRACTIONS  TRACTIONS  CREMATORY	20f. (City or town)  19.62 to Februar  2	y19.62 that (N) (we) last and on the date stated above 22b. DATE SIGNET February 12, 1967 ter, National ethesda 14, Md. (State)
20c. TIME OF INJURY Hour a.m. p.m.  21.   certify that saw the deceased 22a. SIGNATURE    22c. PHYSICIAN'S NAME (Type)  23a. BURIAL, CREMATION REMOVAL (Spacify)	CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Year  19  (IK (this hospital) al alive on Rebruar  Michael Fiel  1, 23b. DATE THEREOF  1, 23b. DATE THEREOF	tended the deceased from  19.62., and that  23c. NAME OF CEMETERY	January 8  January 8  death occured af  ATTENDING PHYS. 22d. ADDRESS THE TINSTITUTE  OR CREMATORY  Cemetery	MED. STAFF DIRECTOR PHYS. Me Clinical Cenes of Health. B	y19.62 that (N) (we) last and on the date stated above 22b. DATE SIGNET February 12, 196. ter, National ethesda 14, Md. (State) tain, N. C.

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where s. Fullongev. Detheece, Maryland

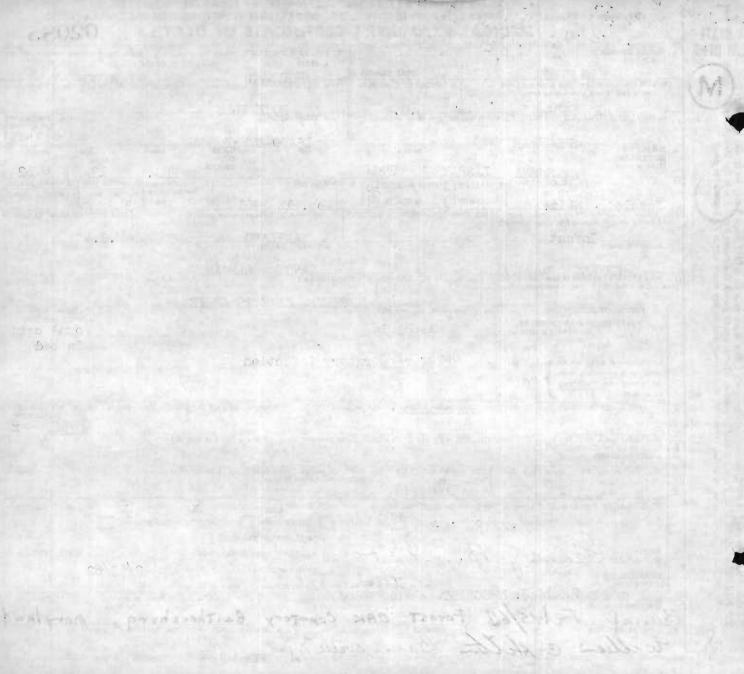
FOR STATE HEALTH DEPT. or. Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any del please exect. The certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer 4 should be twarded to the Chief Medical Examiner's Office along with form PM3. Page 5-may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or lis designated agent, prior to burial, cremation, or removal, and in any event within 7. Industrier death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02085 02/02

• 1.	PLACE OF DEATH  a. COUNTY	2. USUAL RESIDENCE	Where deceased lived, If	institution: Resident	ce before edmission)					
		e. STATE	b. COU	NTY						
1	MONTGOMERY  MARYLAND  b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	MARYTAND	outside corporate limits, writ	MONTGOM	ERY					
/	write RURAL and give nearest town)	c. CIT OK TOWN (IF	outside corporate limits, writ	e KUKAL end give t	nearust town)					
	RETHESDA DO A	09 ROCKY	TITE							
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS	A SALA		. IS RESIDENCE					
					ON A FARM?					
3	NAME OF SUBURBAN Middle	15400 AVERY ROAD YES NO Y								
1	DECEASED	Last	OF Mont	h Day	Yeer					
	(Type or print) SHENA LASHAY MARSHALL		DEATH FEB.	12	19 62					
5	CPV 14 COLOR CO. T. T.	DATE OF BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS.					
1			last birthday)	Months Deys	Hours Min.					
-	Female   White   WIDOWED   DIVORCED	Nov. 14 196	] - yrs.	3						
1 8	Oa. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	Y 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN O	F WHAT COUNTRY?					
		DEA DOTE ADDRESS		** ** *						
13	Infant	MARYTAND  14. MOTHER'S MAIDEN N	AME	U.S.A						
		14. MOTHER S MAIDEN IN	ATT .							
	ERNEST MARSHALL	NANCY I	ARMAN							
15	S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 11	NFORMANT	Addres	5						
10	(es, no, or unkown) (Ifyesgivawarordetesofservica)									
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	THER SAME A	S AB VE							
					ERVAL BETWEEN SET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Asphyxia			- Admin	und cold					
	475									
	DUE TO IImpore	1	in bed							
	Conditions, if any, which Opper respiratory infection									
	gave rise to Immadiate cause  DUE TO									
	(a), staing the underlying									
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19, WAS AUTOPSY									
기임	TAN III OTHER STORMICALLY CONTINUES CONTINUES TO SECUL	EN IN PART I(8)	PERFORMED?							
3				Y	ES NO					
CERTIFICATION	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port II or Part II of item 18,)									
1 8	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.									
14		CE OF INJURY (Home, ferm,	000 (0)							
MEDICAL	Hour a.m. While Not While factor	ry, street, office bldg., atc.)	20f. (City or town)	(County)	(Stete)					
ME	p.m. 19 at work et work									
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection x, Inquiry x, and in my opinion									
	death resulted from: Natural causes X, Accident , Suicie	de, Homicide	J. Undetermined m	lanner						
		CHIEF MEDICAL EXA	AMINER [							
	ACTUAL TO CONTRACT OF	ASSISTANT MEDICA	AL EXAMINER	D	ATE SIGNED					
	SIGNATURE SELLENA J. SELVENAS	M.D.								
	EXAMINER'S DEPUTY MEDICAL EXAMINER \ 2/13/6									
-	NAME (Type)  RRANK T. RROCKADO	eg / Appross (Street, city	, town, or county)							
22	LO. BURIAL, CREMATION, 1220 THATE THERE PROCHAR THAME OF CEMETERY OR REMOVAL (Specify)	GREMATORY 22	d. LOCATION (City, town	, or country)	(State)					
4	3 : 0 Foliella Frant age	Courtery	Gaithers by	. A.	- Inud					
2	3. FUNERAL DIRECTOR ADDRESS			SISTRAR'S SIGNATU	ANA					
	1-11 11/2	-29	Z4D, REG	IJIMAK 3 SIGNATU	NL .					
	William C. Helter Darnesi	THE MOATE	1 0 162	1 1 9 to	4.6					
1	10000115	FER	3 07							
· of	013207133									



STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Bethesda D.O.A. Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Hospital Suburban 3800 14th. Street. NAME OF First Middla 4. DATE DECEASED (Typa or print) Marie Louise Martin DEATH February 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED with S. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 5 m and 2 w 2 wit last birthday) Fenale WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if ratired) 8. Give Pages 1, 7 form PM3. Page Own home Housewife Paris, France pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jeanne Martin Treny Louis Choume File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivawarordates of service) Denise Heilmann, 12104 Livingstone St. Office along w burial-transit p 18. CAUSE OF DEATH [Enter only one causa par line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: pencil IMMEDIATE CAUSE (a) DUE TO react, lune + splien Conditions, if any, which gava rise to immediate causa ro. DUE TO (a), stating the underlying pesn should be used ial, cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY Medical 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING on basement 20d. INJURY OCCURRED 20e. PLACE OF INJURY Home, ferm, CAUSE OF DEATH. Chief age 3 age to be Month, Day, Year 20f. (City or town) 0 the R. P. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry 0 O DICAL Accident X Suicide death resulted from: Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER should be for designat DEPUTY DEPUTY MEDICAL EXAMINER Istoschant NAME (Type) Address (Street, city, lown, or county) 9929 22a, BURIAL, CREMATION, 22b. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 2-26-62 Gate of Heaven Cemetery | Montgomery County Maryland 01 40 % ā ADDRES434 Georgia Ave 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

Warner E. Pumphrey, Inc. Silver Spring, Md.

e. IS RESIDENCE ON A FARM?

YES NO X

19 62

IF UNDER 24 HRS.

Hours

France

Wheaton. Md.

INTERVAL BETWEEN ONSET AND DEATH

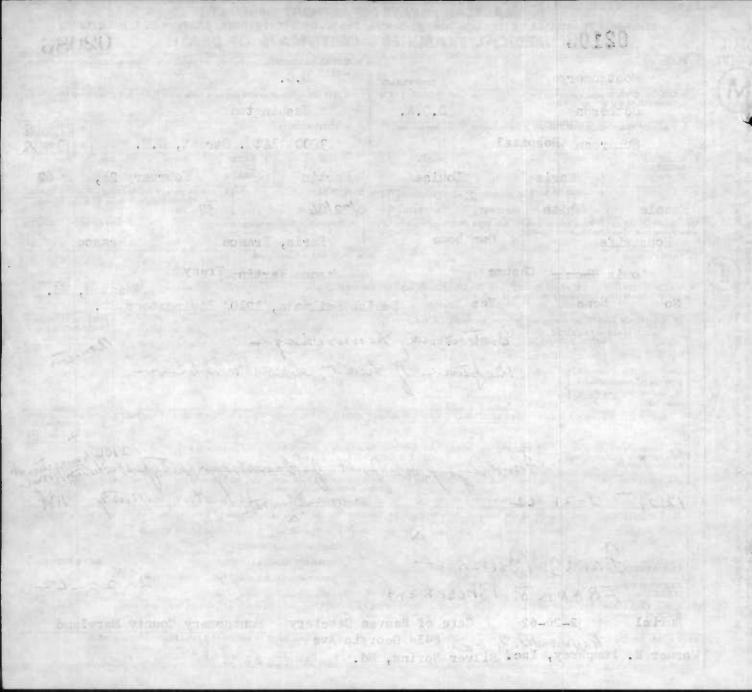
> PERFORMED? NO

DATE SIGNED

arthur & Krous

DATE FFR 2 6 '62

VS. A15ME 5M 9/60



DIVISION OF STATISTICAL RESEARCH AND RE STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) within 24 hours after 1. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY Montgomery Maryland Montgomery the d 2 MARYLAND pue b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 by write RURAL end give neerest town) Bethesda days Germantown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Suburban Hospital completely papers. 3. NAME OF 4. DATE Middle DECEASED OF 1962 (Type or print) DEATH February Robert Martin carbon 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH and last birthdey) Months Days Hours WIDOWED DIVORCED Male Colored certificate physician 10e. USUAL OCCUPATION (Give kind of work remove 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) FATHER'S NAME please .= the death attending and Then SOCIAL SECURITY NO. (Yes, no, or, unkown) | (If yes give wer or detes of service) ng physician. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) burial-transit DUE TO peen Conditions, if eny, which geve rise to immediate ceuse DUE TO (e), steting the underlying has burial, the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY certificate CERTIFICATION hospital ERFORMED? as NO use 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) detached for After this ATTENDING be retained by 20c. TIME OF INJURY 2De. PLACE OF INJURY (Home, ferm. 2Df. (City or town) (County) (Stete) Month, Dey, Yeer 2Dd. INJURY OCCURRED Not While fectory, street, office bldg., etc.) While et work et work ECTOR: 122 that (+) (we) last saw the deceased alive on.. DATE 220. SIGNATURE 22b. ATTENDING MED. SIGNED DIRECTOR PHYS. PHYS. M.D. death. Page 4. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, pe filed v 23e. SURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. (State REMONAL (Specify) Lincoln Park., Rockville, Md. 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S, SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEP

CEUSO \* FEW MARK 13:50 Estimate interest thing are made to the control of the ENTROUGH SWEET LISTA LUCLY BERREEF WALL SENS HIS A HOLDEN COLLEGE SALES MELLY CONTRACTOR OF THE PARTY O THE PRENT OF THE PRESENCE OF THE . and allocald - 25\o\S falms . Et . office of The state of the same of the same of the same

## by the funeral and 2 should r death The law requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician. (ECTOR: After this certificate has been signed by the attending physician and completely tilled thould be detached for use as the burial-transit permit. Then please remove carbon papers. Pag state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours a OR ATTENDING PHYSICIAN:

death. Page, mar TO FUNERAL director, page be filed with the S

VR A15 (4) 15M 7/61

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02088

1	i. PLACE OF DEATH  o. COUNTY						2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. STATE b. COUNTY							
1		ntgomery			MARYLA		_		yland				omer	Al.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)									
,	Bethesd					45 Bethesda								
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)			()	d. STREET AD	DRESS						SIDENCE		
	Suburban Hospital				9835 Singleton Drive ON A FARM? YES □ NO ☑									
1	3. NAME OF	First			Middle		Last		4. DATE	Mont	h	Dey	Year	
	(Type or print)	Vel			W	_	iatthews	S	DEATH	TCD.	19		19	62
	5. SEX	6. COLOR OR RACE	7. MARRIE	ED N	EVER MARRIED	8.	DATE OF BIRTH		9	. AGE (In years last birthday)		YEAR	IF UNDER	Min.
	Female	White	WIDOWE	ED 🗶	DIVORCED [		Sept. 22	2,1	892	69 yrs.	Months C	27	Hours	
		ON (Give kind of wor		CIND OF	BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE	E (Cour	nty & State, or	foreign country	12. CITI	ZEN OF	WHAT C	OUNTRY
	done during most of working life, even if retired) Housewife   Kansas  USA							A						
	13. FATHER'S NAME						14. MOTHER'S M	AIDEN	NAME					
		n Wright		506141	CCCUPITY NO	1 479 91	LAUI &	d A	· MIT	Addres				
	15. WAS DECEASED EVER (Yes, no, or unkown)   (If)			. SOCIAL	- SECORITE NO.	1			0.7					
	No			1	None	M:	rs. Will	lla	m Ols	on-Dau	gnter			
	18. CAUSE OF DE		e cause per									ONS	RVAL BET	DEATH
	PART 1. DEATH	WAS CAUSED BY:		UI	REMIA	4						7	4D.	AYS
	1 / 5	DUE TO											b.	
	0 101	1.7.3	1	IRE	TER	41.	OE	3.57	TRUC	TION		1	4))A	Y5
	Conditions, if any, gave rise to immedia	100	)			, ,						-	-	1
	(a), stating the un	> DIFT	A	nor	MANA	0	F REC	711	11 1111	TIL ME	ASTAS		2 V	oc
	cause lest.	) (c									7 31 70 30	212	27	7
1	Z PART II. OTHER	SIGNIFICANT COND	ITIONS CO	NTRIBUTI	NG TO DEATH	BUT NO	T RELATED TO THE	TERMI	INAL DISEASE	CONDITION GI	VEN IN PART	1(e)   15	PERFC	RMED?
	PART II. OTHER	PERTEN	KIVE	7	VASCO	DLA	e .D.	152	EASE			Y	ES 🗌	NO X
	20a. ACCIDENT WAS UNDERLYING _ 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.)  OR CONTRIBUTING _ CAUSE OF DEATH  U   IF EITHER, NOTIFY MEDICAL EXAMINER)													
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)													
	20c. TIME OF INJUR	10	While two		t While	recre	ory, street, office bi	ag., ere	G.) j	,				
		19				,	7/12		10/1/ 10	2/19	106	67 11	nat (I) (	(aua) la
	21.   certify th	at (I) (this hosp	Half) after	nded th	e deceased	irom			19.60, to	- /				'
		alive on	2		.19.6. an	d that	death occured	a al.J.	M, iroi	n the causes	and on I	ne da		DATE
	22e. SIGNATURE	hel !	1/	11			ATTENDING		MED.	STAFF			220	SIGNE
		renn /	A. ~	in	ny	M		4	DIRECTOR	PHYS.	1476144		note	
,	22c. PHYSICIANS NAME TYPE LOUIS ALL HIS TUDAY MYD 22d. ADDRESS 7720 WISCONSIN AVE													
1	NAME (Type)	VOHIO	14.	10	044,	16.0			BETHO	ESDA I	14,1	10.		
	23a. BURIAL, CREMATIC	ON, 23b. DATE THE	EREOF	23c.	NAME OF CEM	AETERY (	OR CREMATORY		23d. 100	ATION (City, 1	own or county	1)	(5	tete)
	_ REMOVAL (Specify)		20/62	M	emori o	1 T	awn Cem		7.75	chita.	Kana	96		
	Burlal-Tra		20/02	I I I	ADDRESS	4				STRAR 25b. R	EGISTRAR'S	SIGNAT	URE	
	Robert A	Plimph	CP 17	Reti		Ma	ryland				Chur S. +			
	Mobel L P	· r ombu	Ley,	Deci	icoua,	IId	Jean	AFE	8 2 3 '62	Ch	CHUIT A. 1	VANA		

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Sept. 22 1892 1 69 7 27

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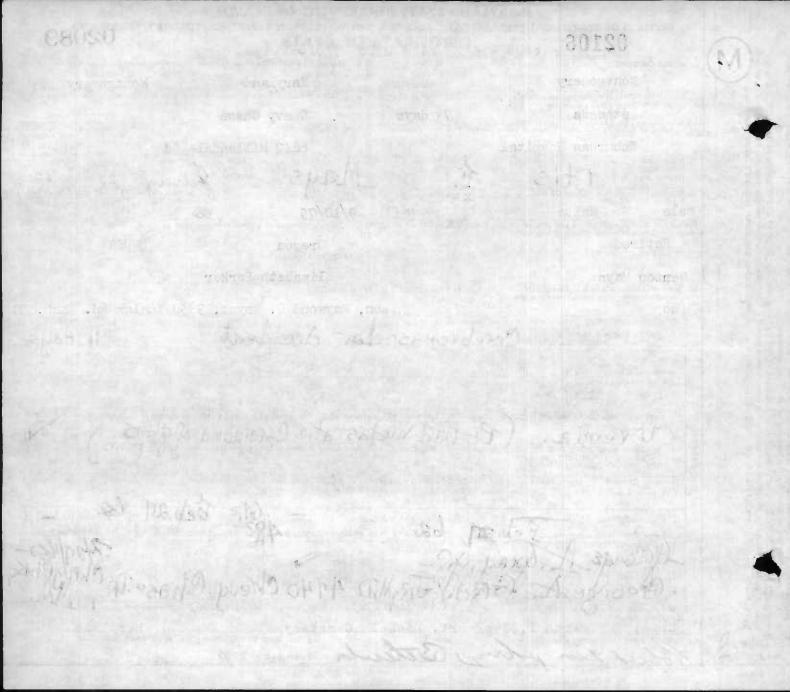
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### MARYLAND STATE DEPARTMENT OF HEALTH

02106 Items 4 & 22 Film G200 Jake 1 wk

1	1. PLACE OF DEATH			2. USUAL RESIDENCE (Where			e before edmission)				
	Mont	Montgomery Maryland			o. STATE Maryland b. COUNTY Montgomery						
н	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)  Bethesda  c. LENGTH OF STAY IN 1b		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporete limits, writa R						
,			48 Chevy Chase								
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)			d. STREET ADDRESS			a. IS RESIDENCE				
	Suburban Hospital			6642 Hilla	ndale Rd	YES NO					
	3. NAME OF DECEASED First Middle			Last 4. DATE Month Dev Yeer							
	(Type or print)	Otis	F	MAUS, DEAT	H Februar	u 27	19 62				
	5. SEX	6. COLOR OR RACE 7. MARRI	ED X NEVER MARRIED   B	DATE OF BIRCH	9. AGE (In years   IF last birthday)	-	IF UNDER 24 HRS.				
	Male	White wow	ED DIVORCED	9/10/75	86 yrs.	Onths Days	Hours Min.				
	1De. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, of	or foreign country)	12. CITIZEN OF	WHAT COUNTRY?				
	Retired	ixing me, even it rented/		Oregon		USA					
1	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME							
	Benton May	rs		Elizabeth Par	ker						
/	15. WAS DECEASED EVE		SOCIAL SECURITY NO. 17. 1	NFORMANT	Address						
	no	yesgive wal or dales orsel vice)	? . son	n. Raymond C. Mave	s. 3850 Tu	mlaw Rd	. Wash. DC				
	IB. CAUSE OF D	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]									
	PART I. DEATH WAS CAUSED BY, CEVED OU ASCULAT accident. ONGET AND DEATH AND DEATH										
	DUE TO										
	Conditions, if any	Conditions, if any, which (b)									
		geve rise to immediate ceuse									
	(a), steting the us	(a), stefing the underlying									
	Z PART II. OTHER	(0)									
3	1 Trv	Tramia (PL had motastation Caralinama of didung NES I NOVI									
/	2Do. ACCIDENT W	2Do. ACCIDENT WAS UNDERLYING   208. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I of item 18.)									
		OR CONTRIBUTING CAUSE OF DEATH									
			INJURY OCCURRED   2De. PLA	CE OF INJURY (Home, ferm, ' 2Df. (C	ity or town)	(County)	(State)				
	Hour a.m.	Whil	THE TANK THE PARTY OF THE PARTY	ory, street, office bldg., etc.)	61						
	21. I certify th	to do	nded the deceased from.	407-	market .		nat (I) (🖚) last				
	saw the deceas	ed alive on M. ED.	190.0% and that	death occured at the front from	om the causes ar	nd on the da	te stated above.				
	22 SIGNATURE	15. XXXX	20	ATTENBING MED.	STAFF	- 1	12111 GOTEL				
	22c. AH SICIAN'S	Je H. Uslan	+1111- W	.D. PHYS. DIRECTOR	PHYS.	O A	1. PILLO INdSo				
	NE (Type)	sho de Vi	DAIVITO MS	1 4720 MOU	11 (09/136	o 1b	MCK DX				
	TO SUBMATI	ON THE PARE THEREOF	133 MALL OF CEMPLERY	OB CREMATORY 1334 10	CATION (City town	or country					
	REMOVAL (Specify)										
	Burial	March 1, 196		n Cemetery   250, REC'D BY REG	ISTRAR DEL RECIS	Maryla STRAR'S SIGNAT					
	24 FUNERAL DIRECTOR	SIGNATURE	ADDRESS	1							
10	1 overt	mer jaron	2) Juines	exa DATEMAR 21	62   Out	my S. Flynce	<u> </u>				



1. PLACE OF DEATH e. COUNTY Page of Health, a. STATE MARYLAND b. CITY OR TOWN (if outside exporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Boa "in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained for burial-transit permit. File pages 1 and 2 with the State Bo moval, and in any eyent-within 72 hours after death. 3. NAME OF Middle DECEASED (Type or print) 5. SEX 6. COLOR OR RACE DATE OF BIRT 7. MARRIED NEVER MARRIED 14 WIDOWED DIVORCED certificate should be executed within 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, offunkown) | (Ifyes give werer detes of service) 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY-ACUTE HEMORRHAGIC PNEUMONIA IMMEDIATE CAUSE (e) removal DUE TO Conditions, if any, which (b) gove rise to immediate cause certificate, writing the word "pending" redet to the Chief Medical Examiner's ECTOR: Page 3 should be used as a gent, prior to burial, cremation, or ren DUE TO (e), steting the underlying cause lest. CERTIFICATION EXAMINER: This ACUTE CEREBRAL EDEMA 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While Hour e.m. et work et work RECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy EDICAL death resulted from: Natural causes X Accident Suicide designated ACTUAL lease execution should be for FUNERAL SIGNATURE DEPUTY NAME (Type) its 22e. BURIAL, CREMATION, 22b. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 40 0 emoval VS. AISME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH **IISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND** MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whate deceased lived, If institution: Residence before admission) b. COUNTY / OWN/(If of side corporate limits, write RURAL and give nearest town) d. STREET ADDRESS IS RESIDENCE ON A FARM? LON DATE Month Yee OF DEATH 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. foreign country) 12. CITIZEN OF WHAI COUNTRY? MAIDEN NAME Address INTERVAL BETWEEN ONSET AND DEATH days ACUTE INTERSTITIAL VIRAL PNEUMONISTS davs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Pert I or Pert II of item 18.) 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Inspection Inquiry and in my opinion Undetermined manner Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) (Stete) Charlotte, arthur S. Thous

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by the funeral and 2 should AR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after as be retained by the hospital or attending physician.

\*\*ECTOR: After this certificate has been signed by the attending physician and completely filled it by the funeral could be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OB director, page 3 TO HOSPITAL (
W Y Y TO FUNERAL
O G G director, page 3
0 (a) be filed with the

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION ON STATESTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02091

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
o. COUNTY Montgomery MARYLAND	a. STATE North Carolina b. COUNTY
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	
Bethesda 82 Days	Marion 70x·3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   o. IS RESIDENCE
	ON A FARM?
The Clinical Center, Bethesda 14, Md.	P.O. BOX 009 YES NO X
DECEASED	OF
(Type or print) Frankie Jean	McGee DEATH February 24, 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Deys Hours Min.
Female White WIDOWED DIVORCED	October 17, 1953   8 yrs.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  None	North Carolina U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John McGee	Rena Thomas
(Yes, no, or unkown)   (Ifyesgivawerordetesofservice)	The Medical Records
	he Clinical Center, Bethesda ll, Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).)	CNISST AND DEATH
	astatic to liver, pelvis, 15 Months
DUE TO Subdiaphragmatic	regions.
	sence of left kidney and selech
gave rise to immediate cause	terror of research from 2 tour
(a), steting the underlying DUE TO	
ceuse lest. (c)	! NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
0	PERFORMED?
S Post-operative absence of left kidner	y and spleen
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury In Pert I or Part II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. P	LACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
nour a.m.	ectory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	n.December4, 19.62 to February 24962, that (I) (we) las
saw the deceased alive on February 24,1962., and the	at death occured at 7.2.15AM om the causes and on the date stated above
220. SIGNATURE	ATTENDING MED. STAFF
Muray 1. Kludersen	M.D. PHYS.   MED. STAFF PHYS.   2-24-62 SIGNEE
22c/ PHYSICIAN'S	22d. ADDRESS The Clinical Center, National
NAME (Type) Edward S. Henderson, M.D.	Institutes Of Health, Bethesda, 14, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
1 DEMOVAL (Specify)	
	e Cemetery Marion, North Carolina
ROBERT A. PUMPHREY Bethesda.	Md - 100
RODERT A. TOTHTIRET Decires da,	Ma. DATE MAR 1 '62 Ciriling S. France

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hurial-transit 2-24-62 Onk wreve Cemetery Harron, North Darolina

ROBERT A. PUMPEREY Bethesda, Mc.

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 02109 CERTIFICATE OF DEATH I director, filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND within 24 hours after deoth. erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 2032 Belmont Road 22 2. 4. DATE OF DEATH NAME OF Middle Month filled ges 1 ( DECEASED (Type or print) death 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX last bi day) Manths WIDOWED DIVORCED papers. aft aft 10a. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or threign country during most of working life, even if retired) Missouri and Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jannie Heaton Charles E. Curtice physici 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Preston McGoodwin-Hato none no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which permit certificate has been signed gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS MUTOPS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m. While Not while at work ot wark p. m. 21. I certify that (1) (this hospital) attended the deceased from and that death accurred at 500 from the couses and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING PHYS. DIRECTOR [ PHYS. M.D. FUNERAL DIR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23g. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Creek Washington. 0 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE EB 2 6 '62 1SM 9/59

e. IS RESIDENCE

Day

U.S.A.

Days

(County)

ON A FARM?

YES NO 4

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

YES NO

\_\_, that (1) (we last

22b. DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

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	haur Quote ( 68 - 9)		The same of the	
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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02093 02110

	CALLI						- 00	-
1. PLACE OF DEAT	Н		2. USUAL RESIDEN	ICE (Where decess	ed lived, If In		nce belore e	dmission)
Mon	tgomery	MARYLAND		land	B. COUNT		gomer	v
b. CITY OR TOWN	(if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		limits, writa		0	4
write RURAL end	d give nearest town)		110					
Bethesda			4 Betheso					
d. NAME OF HOSPI	ITAL OR INSTITUTION (if m	ot in hospitel, give street eddress)	d. STREET ADDRESS					SIDENCE A FARM?
7005	Clamandan	Pood	7005 CI	Larendon	Dood		YES	
7005 3. NAME OF	Clarendon	Middle	Last	4. DATE				No DCI
DECEASED	Litzi	Widdle	Last	OF	Month	Dey	Yeer	
(Type or print)	Leslie	David M	easell	DEATH	Feb	12	19	62
5. SEX			DATE OF BIRTH	19. AC		FUNDER 1 YEAR	IF UNDER	
				_las	a firms days =	Months Days	Hours	Min.
Male	White	VIDOWED DIVORCED	11/1/86	75	yrs.	3   11		
		106. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Cou	inty & State, or lore	gn country)	12. CITIZEN	OF WHAT C	OUNTRY
	orking life, even if retired)	D 3 D 1	1			200		
BBroker		Real Estate		yland		US		
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Lesl	ie D. Meas	ell. Sr.	Fa	annie Ge	rnand			
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES	SZ 1 16 SOCIAL SECURITY NO 1 17 T	NFORMANT		Address			
(Yes, no, or unkown) (	lfyesgive wer or dates of servi	cel 162						
NO		Unknown C	alvin R. M	leasell-	son, K	ensing	ton,	Md.
18. CAUSE OF I	DEATH Enter only one can	use per line lor (a), (b), and (c).)					TERVAL BET	
PART I. DEAT	TH WAS CAUSED BY:	neuto Pulmon	and Ede	3 Ma	an 1		HSET AND I	
12	IMMEDIATE CAUSE (e)	Julo 14/mon	ary Rac	ina	confe		n 1204	n _
1-0	DUE TO	1 / /	11 21	, p-	- 07		/	
Conditions, if an	v. which	Acute (ensui	the HEO	12th /	21/11	0	2 /104	h
gave rise to immed	10/	700	0.00 // 0	inc in	,,,	V		
(a), steting the s	anderlying DUE TO	1	/	2/ /	1	Sec.		
ceusa lest.	(c)	Cormany sci	enosis of	nd Kyp	ave cr	V102	294	Gans
Z PART II. OTHE	R SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CON	DITION GIVE	N IN PART 1(e)	19. WAS A	UTOPSY
Diak	hotes melli	the and An	Ina Poctor					RMED?
3 411 CVK	Jelez luelli	tur and Ans.	Mar passes				YES	NO 1
E 20a. ACCIDENT W	AS UNDERLYING   20	Ob. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Pert I or Pert II of i	tem 18.)			
	MEDICAL EXAMINER							
			OF ON INTERNAL CO.			10 . 1		(6
Y 20c. TIME OF INJU	JRY Month, Dey, Yeer		CE OF INJURY (Home, fer ory, street, office bldg., et-		own)	(County)		(Stete)
Y p.m.	19	et work et work						
- Print	1 . 10 (-11 1 1 1-12		7m 28	20/11 . /	201.12	1062	/1> /	- > 1
21. I certify	that (I) (this hospital)	attended the deceased from	Y. 6	19.6/, 10/				
saw the decea	sed alive on red	12, 1962, and that	death occured at /	.A.M, from th	e causes a	nd on the d	late stated	l above
22e. SIGNATURE	1/ 01	11 2					22b	DATE
P+	title He	elles 81)			HYS.		M.h.	SIGNED
July .	- gardon /	M	.0.	DIRECTOR	1113.		160012	2/1/10
22c. PHYSICIAN'S NAME (Type		en Hulburt	22d. ADDRESS	o-Den	& P	loces.	mi	
23a. BURIAL, CREMAT	TON, 236, DATE THEREO	F 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, tow	or county)	(5)	ete)
REMOVAL (Specify	)	,						
Burlal-Tr	ansit 2/15	/62 Mt. Olivet	Cemetery	Ports	mouth	. Viro	inja	
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		C'D BY REGISTRAR	25b. REGI	STRAR'S SIGN	TURE	
Robert A.	Pumphrev.	Bethesda, Mary	land	4		0 -		
	E J 1	,	Land DATE	R 1 4 '62	- whi	ug & Flear	A	

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7005 Clarendon Road 7005 Clarendon Road

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Bucker Meal Estate Marchand 113 Leslia D. Measell, Er.

Maknown Colvin R. Medaell-son, Kensingcon, ed.

Jurial-Transit 2/13/62 Mt. Olivet Conetery Borts outh, Missig.

Service City of Service Service

Rohert A. Furphrey, Betheade, Maryland - and sa

# FOR STATE HEALTH DEPT. TO DEPUTY WEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execut. A certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be for a red to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 7 with the State Boa or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours and resth.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02091

a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence	ence before edmission
min timery MARYLAND	a. STATE b. COUNTY	/
b. CITY OR TOWN (if outside forporate limits,   c. LENGTH OF STAY IN 1	1b c. CITY OR TOWN (If outside corporete limits, write RURAL end giv	e neerest town)
write RURAL and give negest town).	Clk of the	74.3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	. IS RESIDENC
CIFICO 111 al Marine	1474 (20 1 00 1) 11	ON A FARM
3. NAME OF First Middle	Last 4. DATE Month Da	Y Yes NO
DECEASED (Type or print) Man 12 2 2 1	OF DEATH TILL C	1 -
There hashed	The 8	1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER! YEA   Months   Days	R IF UNDER 24 HRS. Hours Min.
fluxle white WIDOWED DIVORCED	5-2-1881 80 yrs.	Tiodis Mill.
10b. USUAL OCCUPATION (Give kind of work tone during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country)   12. CITIZEN	OF WHAT COUNTRY
howwoh	ma	-8-6
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	3-40
10M 111 1/12 000	Property of the second	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	7. INFORMANT Address	
(Yes, no, or unkown) (Ifyesgivewarordetesofservice)	Al : II O . O	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	morning Home Bleard	
PART I. DEATH WAS CAUSED BY:		NTERVAL BETWEEN
IMMEDIATE CAUSE (6) Colonery	occusion	Suchele
T 20 DUE TO		-
Conditions, if any, which (b) has bestere	tim	nouther
gave rise to immediate cause (a), stating the underlying DUE TO		
cause last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PERFORMED?
200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURED	D. (Enter nature of Injury In Pert I or Pert II of item 18.)	YES NO
PRIMARY Or CONTRIBUTING	c. (the notice of injury in Pen For Pen it of New 10.)	
	PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.)	(State)
p.m. 19 et work et work		
21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection Inquiry A an	d in my opinion
death resulted from: Natural causes . Accident . Su	uicide . Homicide . Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL TO BOOK to A		DATE SIGNED
SIGNATURE THE TOTAL	M,D,	
EXAMINER'S TO A LIVE T RESIDENCE		1-62
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY		(Stete)
DEMOVAL (Specific)		******
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNA	
The S. H. Hines Co. Washington, D	D. C. DATE CER 1 3 '62 Cirilmy 8. 97	auca

14 USD Z. Francisco de la compara de la la la constitución de la constitución The state of the s pastir at , parities wraters frib caned Too S. IR. H. Date B. . Harden, B. Co. H. R. . 2 For

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02112

#### **CERTIFICATE OF DEATH**

Reg. Dist. 02095

1. PLACE OF DEATH a. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
b. CITY OR TOWN (If autside corporate timits, write RURAL and give pearest town)	c, CIR OR TOWN (If autside corporate limits, write RURAL and give nearest town)  X CHEVY CIMSE VIEW, IX FNSI NOTO N
d. NAMÉ OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	1 d. STREET ADDRESS BLENRUSE ST. ON A FARM? YES NO B
3. NAME OF DECEASED (Type or print) WILHELMINA O' M	Last Last OF DEATH FEB 19 1962
FEMALE WHITE WIDOWED DIVORCED	JAN, 2, 1870 9. AGE (In years lost birthdoy) 92 yrs.   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done of the line of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country)  WASHINGTON DC.  12. CITIZEN OF WHAT COUNTRY?  U.S. A.
13. FATHER'S NAME STEPHEN HELLMUTH	14. MOTHER'S MAIDEN NAME PAULINE BUEHL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN. O. O. I. P. O.	VLINE M. MEITZLEN See 2)
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (s).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	Heart disease interval Between ONGET AND DEATH
Canditions, if any, which gave rise to immediate coese (a), stating the under-lying cause last.	el arterosclerous 15 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \sum \text{ NO } \( \sum \sum \text{ NO } \tex
	). (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, farm, farm, fary, street, affice bldg., etc.)
21. I certify that I attended the deceased framary 15 alive an TEB 16 1962, and that death  ACTUAL SIGNATURE Charles Harnshopen	occurred at 5P. M, from the causes and on the date stated abave.  ADDRESS (Street, city or town, stote)  DATE SIGNED
PHYSICIAN'S CHASWHARKSBERGER	WASHINGTON D.C.
226 BURLA, CREMATION, 226. DATE THEREOF 22. NAME OF CEMETERY OF REMOVAL (Specify) 1 FEB 22.1962 CEDAR HI	CREMATORY 22d. LOCATION (City, town, or county) (State)  SUITLAND, MARYLAND
23. FUNERAL DIRECTOR: SIGNATURE / HADDRESS WISC. F	DATE FEB 2 3 '62 24b. REGISTRAR'S SIGNATURE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

PLACE OF DEATH				E (Where decessed lived,		efore admissio
Maria De la companya da compan	any Count	MARYLAND	e. STATE	b. CO	Prince G	AANGA
b. CITY OR TOWN (if ou	itside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	Land outside corporete limits, w	rite RURAL end give nea	est town)
write RURAL end giv	Spring		Mou	nt Rainier	1647	12
d. NAME OF HOSPITAL	Nursing	in hospital, give street address)	d. STREET ADDRESS			ON A FARM
		, Road SS, Md.	320	L Arundel H	Road	ES NO
NAME OF DECEASED	OTOBATTIE	, Mode , Middle Ma.	Lest	4. DATE Moi		Yeer
(Type or print)	BYRD	ALBERT	MOORE	DEATH Febr	niamy 6	19 62
SEX 6.	COLOR OR RACE 7.		B. DATE OF BIRTH	9. AGE (In yea	IS   IF UNDER 1 YEAR   IF	UNDER 24 HRS
W-3-		DIVORCED T	June 6. 1878	last birthday	) Months Deys	ours Min.
a. USUAL OCCUPATION	HILL DE	10b. KIND OF BUSINESS OR INDUSTE		& State, or foreign countr	y)   12, CITIZEN OF V	HAT COUNTR
one during most of working	g life, even if retired)					
Carpenter		Building		Ity.Ronoak	, ya. U.S.	A
. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
Unknown			Unknown			
WAS DECEASED EVER II	N U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	" XTODOXXII	CK Col
			r. Aleph H.	Wood 3879		
	NON6 TH [Enter only one cau	23-118-5371 M	. wrehm u.	11000, 1012	Medinoj I	AL BETWEEN
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PART I, DEATH W		Cerebral	thrombos	s	ONSE 5	Lays
PART I, DEATH W	AS CAUSED BY:	Cerebral	1.0		ONSE	
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PART I. DEATH W	AS CAUSED BY: AEDIATE CAUSE (a)  DUE TO  Which (b)  cause dying  DUE TO	Cerebral	1.0	31s	Ser Ser	
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PART I. DEATH WIMM  Conditions, If any, we gave rise to Immediate (e), stating the undercause last.  PART II. OTHER SIGNATURE OF CONTRIBUTING (IF EITHER, NOTIFY ME  20c. TIME OF INJURY Hour e.m. p.m.  21.   certify that	AS CAUSED BY: AEDIATE CAUSE (a)  DUE TO (b) Cause dying  DUE TO (c)  GNIFICANT CONDITION  UNDERLYING  CAUSE OF DEATH DICAL EXAMINER)  Month, Day, Year  19 (I) (this hospital)	Cerebral Counting to Death But not Cerebral Cerebra	other osclera  atheroscl  other oscl  othe	and I or Part II of item 18.)  20f. (City or town)	Sevine IN PART I(a) 19.  (County)	WAS AUTOPS PERFORMED? NO [] (State)
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PART I. DEATH WIMM Conditions, If any, we gave rise to Immediate (e), stating the undercause last.  PART II. OTHER SIGNATURE OF CONTRIBUTING (IF EITHER, NOTIFY ME  20c. TIME OF INJURY Hour e.m. p.m.  21.   certify that	AS CAUSED BY: AEDIATE CAUSE (a)  DUE TO (b) Cause dying  DUE TO (c)  GNIFICANT CONDITION  UNDERLYING  CAUSE OF DEATH DICAL EXAMINER)  Month, Day, Year  19 (I) (this hospital)	Cerebral Counting to Death But not Cerebral Cerebra	other osclered at least occurred at least occurred at least	art I or Part II of item 18.)  20f. (City or town)  20f. (rome town) M, from the cause	Sevine IN PART I(a) 19.  (County)	WAS AUTOPS PERFORMED? NO [1] (State)
PART I. DEATH WIMM  Conditions, If any, we gave rise to Immediate (e), stating the under cause last.  PART II. OTHER SIGNATURE OF CONTRIBUTING (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour e.m. p.m.  21.   certify that saw the deceased	AS CAUSED BY: AEDIATE CAUSE (a)  DUE TO (b) Cause dying  DUE TO (c)  GNIFICANT CONDITION  UNDERLYING  CAUSE OF DEATH DICAL EXAMINER)  Month, Day, Year  19 (I) (this hospital)	Cerebral Cerebral Cerebral Cerebral Cerebral Cerebral Cerebral Cerebral Cerebral Contribution to DEATH BUT NO CONTRIBUTING TO DEATH BUT NO Contribution to DEATH BUT NO Contribution to Death Cerebral Cer	other osclere  atheres cl  other scl  other scl  other nature of injury in P.  ACE OF INJURY (Home, farm, lory, street, office bidg., etc.)  death occured at a.  ATTENDING M	and I or Part II of item 18.)  20f. (City or town)	Sevine IN PART I(a) 19.  (County)	WAS AUTOPS PERFORMED? NO [1] (State)
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Conditions, If any, we gave rise to immediate (e), stating the undercause last.  PART II. OTHER SIGNATURE OF CONTRIBUTING (IF EITHER, NOTIFY ME)  20c. TIME OF INJURY Hour e.m., p.m.  21. I certify that saw the deceased 22a. SIGNATURE (Type)	AS CAUSED BY: AEDIATE CAUSE (a)  DUE TO (b) Cause dying  DUE TO (c)  GNIFICANT CONDITION  UNDERLYING   2D  CAUSE OF DEATH DICAL EXAMINER)  Month, Day, Year  19 (I) (this hospital) alive on	Cerebral Contribution to DEATH BUT NO DESCRIBE HOW INJURY OCCURED While Not While et work at work at work at work at work at work at work.  NELSON, M.D.  23c. NAME OF CEMETERY	Atherosclero  atheroscl  otheroscl  otherosc	and DISEASE CONDITION GO  The control of the contro	(County)  (County)  (County)  (County)  (County)  (County)  (County)  (County)	WAS AUTOPS PERFORMED? NO [1] (State)  (1) (we) I. stated above 22by DAME SIGN (Shore)
PART I. DEATH WIMM  Conditions, If any, we gave rise to immediate (e), stating the undercause last.  PART II. OTHER SIGNATURE OF INJURY HOUR e.m. p.m.  21. I certify that saw the deceased 22a. SIGNATURE OF INJURY HOUR e.m. p.m. Can be a saw the deceased 22a. SIGNATURE OF INJURY HOUR e.m. p.m. Can be a saw the deceased 22a. SIGNATURE OF INJURY HOUR e.m. p.m. Can be a saw the deceased 22a. SIGNATURE OF INJURY HOUR e.m. p.m. Can be a saw the deceased 22a. SIGNATURE OF INJURY HOUR e.m. p.m. Can be a saw the deceased 22a. SIGNATURE OF INJURY HOUR E.M. CAN BE A SAW THE PROPERTY HOUR E.M. CAN BE A SAW THE	AS CAUSED BY: AEDIATE CAUSE (a)  DUE TO (b) CAUSE Hying  DUE TO (c)  GNIFICANT CONDITION  UNDERLYING CAUSE OF DEATH DICAL EXAMINER)  Month, Day, Year  19 (I) (this hospital alive on	Cerebral Contribution to DEATH BUT NO DESCRIBE HOW INJURY OCCURED While Not While et work at work at work at work at work at work at work.  NELSON, M.D.  23c. NAME OF CEMETERY	Atherosclero  atherosclero  atheroscl  DT RELATED TO THE TERMIN  D. (Enter nature of injury in P.  ACE OF INJURY (Home, farm, fory, street, office bldg., etc.)  1. 21, 1  death occured at 6  ATTENDING MPHYS. DI  22d. ADDRESS  10620  COMMISSION  Cometery	and DISEASE CONDITION OF THE PART II of item 18.)  20f. (City or town)  20f. (City or town)  M. from the cause  D. STAFF  RECTOR PHYS.  23d. LOCATION (City,  Bladensbu	(County)  (Count	WAS AUTOPS PERFORMED? NO []  (State)  (I) (we) I stated abo  22by DAME SIGN (State)  Pring M (State)
Conditions, If any, we gave rise to Immediate (e), staling the under cause last.  PART II. OTHER SIGNATURE  20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour e.m. p.m.  21. I certify that saw the deceased 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	AS CAUSED BY: AEDIATE CAUSE (a)  DUE TO (b) Cause dying  DUE TO (c)  GNIFICANT CONDITION  UNDERLYING   2D CAUSE OF DEATH DICAL EXAMINER)  Month, Day, Year  19 (I) (this hospital) alive on	Cerebral Contribution to DEATH BUT NO DESCRIBE HOW INJURY OCCURED While Not While et work at work at work at work at work at work at work.  NELSON, M.D.  23c. NAME OF CEMETERY	Atherosclero  atherosclero  atheroscl  DT RELATED TO THE TERMIN  D. (Enter nature of injury in P.  ACE OF INJURY (Home, farm, fory, street, office bldg., etc.)  1. 21, 1  death occured at 6  ATTENDING MPHYS. DI  22d. ADDRESS  10620  COMMISSION  Cometery	and DISEASE CONDITION GO  The control of the contro	(County)  (Count	WAS AUTOPS PERFORMED? NO [1] (State)  (State)  Pring M (Shore)

5 1 5 1 7 Monte occupy County assection 14. Language Mount Patnier Silver Sering Palmont version fore 17220 Coleeville, Road, 95, Md. 3201 Arundel Road BYRD ALBERT MOOKE February 6, 62. June , 1876 63 edidi elek Carpenter Building Franklin Cty. Sonoals, Va. u.s.A. Unicoun Unknewa namico abbilitara No Mone 27-137-5371 Mr. Menh F. Wood, 5832 Kearney Rd. Menor 5 days Cerebral thembeins Cerebral atherrechanis. any I'm Gananhand when clovers march britain DONALD NELBON, X.D. 10430 George Clerk Silver May The Brying Neb. 9, 1962 Fort Mincoln Cemetery Eledeneburg, Maryland E. M. CHAMBIES CO. Miverdale, Md.

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	0	2114		CERTIF	ICA	TE OF DEATH			(	)20	97	
. F	LACE OF DEATH D. COUNTY Mont	gomery		MARY	LAND	2. USUAL RESIDENCE (Who o. STATE Wash.	D.C	lived. If institu b. COUNT		ce befor	e admissi	ion)
Ł	o. CITY OR TOWN (If a RURAL and give near Whea	outside corporate limits, rest lown) ton		c. LENGTH OF STAY		c. CITY OR TOWN (If or	utside corpora	te limits, write	RURAL ond	1x	3	)
V	or institution.	11901°°C'eO ursing Ho	r'g1? me	ddreAlvenue		d. STREET ADDRESS 4301 Ma	ass. A	lve. N	.W.			DENCE FARM? NO
-	NAME OF DECEASED Type or print)	First Isabell	-	Middle		losi Morache	4. DATE OF DEATH	Feb	-	Do)	1	rear 1962
. 5	Female	White	MARRI VIDOWEI			0ct. 2, 187	71	AGE (In year last hirthday)	Months .	Days 9	Haurs	Min.
0a	USUAL OCCUPATION during mast of warking Housew:	g life, even if retired)	ine 10b. I	CIND OF BUSINESS C	R INDUS	TRY 11. BIRTHPLACE (Stole New York)	ar fareign cau	M24 -		ZEN OF	WHATC	OUNTRY?
3.	FATHER'S NAME Alfred	Archambau	lt			14. MOTHER'S MAIDEN N	-	sserea	u			
		IN U. S. ARMED FORCE yes, give wor or dates of serv	rice)	OCIAL SECURITY NO		rs Frank St			dress Mass	3 . A	ve	N.W.
	PART I. DEATH	mediate (	e per lin	e for (o), (b), and (c). Scanary Branches		neeman	ia .				RVAL BE ET AND	
KIIFICATION	PART II. OTHE  200. ACCIDENT WAS OR CONTRIBUTING [	mly - P	hlei	lites of	my	NOT RELATED TO THE TERMI LENGT VILLA D. (Enter nature of injury in F	e Con	4-	GIVEN IN PAR	RT 1(a) 1'	PERFO	AUTOPSY RMED? NO
MEDICAL CE	(IF EITHER, NOTIFY M	Month, Day, Year	20d. IN While of work	JURY OCCURRED  Not while at work		ACE OF INJURY (Home, form tary, street, office bldg., etc.		or town)	(	County)		(Stote)
	21. I certify that saw the decease 220. SIGNATURE	(1) (this hospital), d alive on 2/	ottende 10 Dess	/-	that d	eath occurred of			, 19.6 and on the		stated	
	22c. PHYSICIAN'S NAME (Type)	PANUEL	DE	-550ff		22d. ADDRESS /302~		i.h. h	ksh	6,2	). e.	/

23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 2/11/62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or caunty)

(Stote)

Burial 2/14/62 St. Catherines Cemetery Moscow Pa.

24. FYNFRAL DIRECTOR'S SIGNATURE

ADDRESS

ADDRESS

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ADDRESS

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15M 9/6D

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02115 CERTIFICATE OF DEATH 02098

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission)
	a, STATE b. COUNTY
b. CITY OR TOWN (if oulsida corporata limits,   c. LENGTH OF STAY IN 1	The state of the s
write RURAL end give neerest town) Potomac (rural)	59 9600 Providente Band
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE
Potomac Manor	ON A FARM?
3. NAME OF First Middle	Bethesda, Maryland YES NO
DECEASED (Type or print)	OF
David	Morgal Feb. 17 19 62  8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	
Male White WIDOWED X DIVORCED	Dec. 31, 1874 87 yrs. 1 16 Hours Min.
1Da. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Gardner-Golf Club Gardening	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Morgal	Martha (Unknown)
	7. INFORMANT Address
(Yas, no, or unkown) (Ifyesgivewarordatesofservice) Yes-known R	Ralph L. Morgal-Son-Cabin John, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
MMEDIATE CAUSE (a)	Johna Im
DUE TO	
Conditions, if any, which ) (b)	Anlemann 24h
gave rise to immediate cause	
(a), stating the underlying DUE TO	Delouse Person 20 V
cause last. (c) feneral (	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 Cerleusschute	Hant & YES NO I
2Ds. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER	RED. (Enter nature of injury in Part I or Pert II of item 18.)
<u> </u>	PLACE OF INJURY (Home, farm, ' 2Df. (City or town) (County) (Stete)
	PLACE OF INJURY (Home, farm, '2Df. (City or town) (County) (Stete) factory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) eltended the deceased fro	m Jan 1962 to 22 18 , 1962 that (1) (we) last
	hat death occured at D. P.M., from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b, DATE SIGNED
1N. W. 1/2/1/2	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d, ADDRESS
NAME (Type) H KILAY	8218 WISCONSIN AV BELESDA
23a. BURIAL, CREMATION, 23b. DATE THEREOF 3c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 - 3	hurch Cem. Potomac, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey, Bethesda,	Maryland DATE FEB 23 '62 Outling & House
,	Mary Landon La Cathy S. Thous

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Robert A. Bumphrey, Bethesda, Maryland Fa. & W.

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IO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after		3 > TO FUNERA PARCION: After this certificate has been signed by the attending physician and completely filling in by the funeral	apers.	be filed with the State Dept of Health prior to burial cremation, or removal, and in any event, within 72 hours fier death
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PITA	G S death. Page 4 may be retained by the hospital or attending physician.	ERA	page	with
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	1S	M	7/0	(4)

CERTIFI

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH UZTIG 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery MARYLAND Marvland Montgomery b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) Bethesda Rockville e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 25 Wall St. R Suburban Hospital YES NO TH 3. NAME OF 4. DATE Day Yaar Middle Month DECEASED (Type or print) L. DEATH 62 CURTIS February 12 MORTIMER 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Hours White Male DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stata, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA New Jersey 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Frank L. Mortimer Catherine J. Moorehead 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yes, ng, or unkown) | (Ifyesgiva war or dates of servica) wife. Sara A. Mortimer Same as above 219-03-1644 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY of Cowel IMMEDIATE CAUSE (a) DUE TO (b) geve rise to immediate causa DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? YES NO 20a, ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2Da. PLACE OF INJURY (Home, farm, ' 2Df. (City or lown) (County) (State) tactory, streat, office bldg., etc.) While Not While Hour a.m. at work at work D. m 21. I certify that (I) (this hospitel) attended the deceased from 6-8..., 19.13 to 2-12, 1962 that (I) (we) last 19.52 and thet death occured et 12.20M, from the causes and on the dete stated above. saw the deceased alive on...... 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. M.D. PHYS.

22c. PHYSICIAN'S NAME (Type) Wm. G. Hall 23a. BURIAL, CREMATION, | 23b. DATE THEREOF

REMOVAL (Spacify)

24 FUNERAL DIRECTOR'S SIGNATURE

22d. ADDRESS

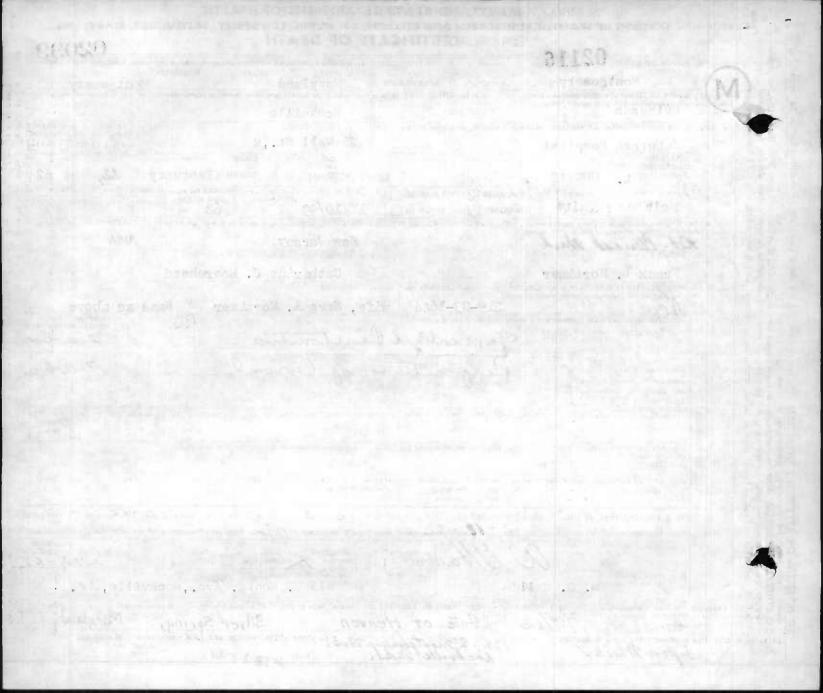
615 W. Montg. Ave. Rockville, Md.

23c. NAME OF CEMETERY OR CREMATORY Gate

23d. LOCATION (City, town or county) (State) ver Spring

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURES Continued D.

DATE



**DIVISION OF STATISTICAL RESEARCH** PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) COUNTY b. COUNTY MontGomer the d MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) within d. STREET ADDRESS e. IS RESIDENCE Pag ON A FARM? YES NO completely 4. DATE NAME OF Month DECEASED OF (Type or print) DEATH 19 within carbon 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED pue Jast birthday) Months WIDOWED X DIVORCED physician USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired OUSEWIJ 13. FATHER'S NAME please = attending and Then WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. Addrass removal, (Yas, no, or unkown) | (Ifyasgive war or datas of sarvice by the physician. 18. CAUSE OF DEATH (Entar only one causa per lina for (a), (b), and (c). ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **#DUE TO** aftending 3 WEEKS Conditions, if any, which ? has been gava rise to immediata causa DUE TO (a), stating tha undarlying causa lest. the After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING RELATED TO THE TERMINAL DISE 19. WAS AUTOPSY CERTIFICATION 95 0 PERFORMED? NO V 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, ' 20f, (City or town) (Stata) Month, Day, Year (County) factory, street, offica bldg., atc.) Not Whila Hour a.m. at work at work PECTOR: 5 ... 19.62 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from JUNE 62., and that death occured at 6: ON. from the causes and on the date stated above. saw the deceased alive on... [ 58 22a. SIGNATURE ATTENDING PHYS. PHYS. M.D. death. Page 4 22c. PHYSICIAN'S NAME (Type) TO FUNE director, I 23a. BURIAL, CREMATION, 23b. DATE THEREOF LOCAT REMOVAL (Specify) REGISTRAR VR A15 (4) 15M 9/60

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	=	TO FUNERAL DIRECTANTS CENTIFICATE HAS been signed by the attending physician and campletely tilled in by the uneral director,	page 3 shauld be grached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 s d be filed with	the registrar priats a burial, cremation, ar remaval, and in any event within 72 haurs after death.
4		-		

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

02110	CERTIFIC	ATE OF DEATH		Reg. Di	Q21	01
1. PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYI	b. C	OUNTY	GOMERY	ion)
RURAL ond give neorest town) SILVER SPRING	7 YEARS	c. CITY OR TOWN (IF o	utside corporote limits.		give nearest town	1)
d. NAME OF HOSPITAL (If not in hospitol, give street oddre OR INSTITUTION 1909 GLENALLAN	AVE.	d. STREET ADDRESS	GLENALLA	N AVE.		FARM?
3. NAME OF DECEASED (Type or print) E1122 beth	Aques 1	Tlurbhy	4. DATE OF DEATH	Month Feb	- '	Year 196 >
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9-7-76	9. AGE (I lost bir 85	thdoy) Months	Days Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	OF BUSINESS OR INDU	PENNA.			U.S.A.	OUNTRY?
13. FATHER'S NAME  PHILIP GRAH	ΛM	MARY JA	NE MCDON	A.T.D		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI		INFORMANT	MB MeDON	Address		
no		PAUL W.	MURPHY	Same	e as #1	
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  (b)  DUE TO  Uniform TO  (c)	to com	estre her	I fail	2620	INTERVAL BE ONSET AND	DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDIT	ION GIVEN IN PAR	PERFC	AUTOPSY ORMED?
	HOW INJURY OCCURR	ED. (Enter noture of injury in F	Port I or Port II of item	, 18.)		
Hour o. m. While _	Y OCCURRED 20e. P Not while for work	LACE OF INJURY (Home, form octory, street, office bldg., etc.	, 20f. (City or town)	(1	County)	(Stote)
21. I certify that I attended the deceased falive an Secretary 19 6 3.  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  R. F. Kress	, and that deat	h occurred at 9:30 A			e date stated	
220. BURIAL, CREMATION, REMOVAL (Specify) 2-13-62	ATE OF H	EAVEN CEM.	22d. LOCATION (City MONTGOME	DIE 001111	ry, MD	
23. FUNERAL DIRECTOR'S SIGNATURE TO COLLINS 382.	ADDRESS WASH. 1 14th. ST		The state of the s	16. REGISTRAR'S SIG		

STLVER SPRING  1900 OLEMALIAN AUG.  E CARLLE ALLE E E-7-76  2005 STRIAN HOLD AVG.  FRANKA DRILE X E-7-76  PRINT DRILE X E-7-76  PRINT CHAIN HOLDINALD  OF PARK HOLDIN	THE STATE OF THE S	THE OF DEATH		erigo Yendowynon
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MARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYL DIVISION OF STATISTICAL RESEARCH AND CATE OF DEATH funeral 162 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY MA A Cr 1 141 MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and b. CITY OR TOWN (if outside corporate fimits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town) . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress ON A FARM? YES NO completely papers. 3. NAME OF DATE Middle OF DECEASED DEATH (Typa or print) 19 9. AGE (In yeers | IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED thdey) and Months Deys Hours Min. WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? physician 10a. USUAL OCCUPATION (Give kind of work remove done during most of working life, even if retired) U.S.A. 13. FATHER'S NAM please ding 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgive werordetesolservice) INTERVAL BETWEEN 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if ehy, which (b) geve rise to Immedieta ceuse DUE TO (e), steting the underlying ceuse lest. WAS AUTOP PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PERFORMED NO 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING EL CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, ferm, (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED Hour a.m. et work at work 19 OR ECT( from the and that death occurred at tauses and on the date stated above. saw the deceased alive on...... 22b. DATE 22a. SIGNATURE ATTENDING. STAFF SIGNED PHYS. DIRECTOR PHYS. page 22d. ADDRESS 22c. PHYSICIAN'S FUNERA. NAME (Type ector, 23d LOCATION (City, town or county) (Stete) 23e. BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE ADDRES FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	all or attending physician.	care has been signed by the attending privace carbon papers. Par I and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours for death.
HYSIC	dsoy er	for use	h prior
TAL OR ATTENDING P	ge 4 22 be retained by it	KECTOR: After the	ith the State Dept. of Health
TO HOSPIT	death. Pag	SIN TO FUNER	be filed wi
	15/	A 7	61

MAR)	LAND STATE DEPARTMENT OF H	IEALTH
	ARCH AND RECORDS, 301 W. PRESTON S	TREET, BALTIMORE 1, MARYLAND
02120	CERTIFICATE OF DEATH	02103

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY  Montgomery  Maryland	a. STATE Marvland Montgomery
MONTGOMERY  b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	// Dealwille
ROCKVILLE  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Rockville  d. STREET ADDRESS  o. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in nospital, give street address)	ON A FARM?
310 Edmonston Drive	310 Edmonston Drive YES NO LX
3. NAME OF First Middle	Last 4. DATE Month Day Year OF
(Type or print) BERTHA T	VIFONG DEATH Feb. 25 1962
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Female Willowed W DIVORCED	May 20, 1889 72 yrs. 9 5 Hours Min.
L'EMILLE MILLE	RY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	
Housewife	North Carolina USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James M. Jarvis	Agustia Jones
	INFORMANT
	rancis Straford-daughter-same 2d
NO NONE F1  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	INFARCTION ONSET AND DEATH &
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MY OCARCIAL	/N///CC.
DUE TO	and colingental manes
	exetic CARDIOVASCULAR YEARS
gave rise to immediate cause (a), stating the underlying DUE TO	DISTASE
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
OEN THE PROPERTY OF THE PROPER	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT IN 208. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCUR! OP CONTRIBUTING CAUSE OF DEATH BUT IN IF ETHER. NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 1B.)
OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI While Not While at work at work	actory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	1953 to Feb 25, 1962 that (1) (was) last
	at death occured at
22a. SIGNATURE -	22b. DATE
1 11 the Co A of Fine	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. SIGNED  2-25-6
100000	
22c. PHYSICIAN'S NAME (Type) DEWITT E. DELAWLER.	MD 80,25 ABERDEEN RL. Bethesda Md
238. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	Colobum Nambh Carrit
Burial-Transit 2/26/62 Salsbury	Cemetery Salsbury, North Carolina
Robert A. Pumphrey, Bethesda, Ma	ryl and
Robert A. Tumpiney, Decirebed, 114	DATE MAR 1 02 COMMI 2. TOWN

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DIVISION OF STATISTICAL RESEARCH AND RECO		)
02121 CERTIFIC	Ale Of Death 0210	1
LACE OF DEATH MONTGOMERY MARYLAN	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before a. STATE D.C. b. COUNTY	dmissio
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN write RURAL and give nearest town)	I Ib c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow	vn)
KENSINGTON, MD. 9 DAYS		3
d. TOW 37HOSWIAL OR INTHUTION (if not ig hospital, give street eddress) CARROLL HALL SANITARIUM		A FARM
8. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yee	r
(Type or print) CHARLOTTE B.	NORTON DEATH 2 24 19	62
5. SEX FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WHITE WIDOWED V DIVORCED	3. DATE OF BIRTH  JUNE 11, 1866  9. AGE (In years   If UNDER 1 YEAR   If UNDER 1 YEAR   Hours   Hours	Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At Home	OSWEGO, N.Y. 11. BIRTHPLACE (County & State, or foreign country)  USA	COUNTR
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
BENJAMIN GREEN	FLORENCE COMSTOCK	
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   Yes, no, or unkown)   (Hyesgivewarordetesofservice)	17. INFORMANT Address Same # 1	
18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).) PART I. DEATH WAS CAUSED BY:	Records at Carroll Hall Sanitarium	TWEEN
IMMEDIATE CAUSE (e) bronchopn	neumonia	
Conditions, if eny, which (b) pulmonary	y edema	
	tic cardio-vascular disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS	AUTOPS ORMED?
fracture intertrochanteric left	t femar on $1/15/62$ YES	NO [
fracture intertrochanteric left  20a. Accident was underlying  OR CONTRIBUTING  COR CONTRIBUTING  COR CONTRIBUTING  COR CONTRIBUTING  COR CONTRIBUTING  COR CONTRIBUTING  COR CONTRIBUTING  CORP. CONTRIBUTING  CORP. CO	CURED. (Enter neture of injury in Pert I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20c. Hour a.m. While Not While at work at work at work	e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) (City or town) (County)	(State)
21. I certify that (I) (this hospital) attended the deceased fr	rom Feb 6, 19.62 to Feb 24, 19.62 that (I) that death occured at 2.4. M, from the causes and on the date state	
220. SIGNATURE Albred S. Norten	M.D. ATTENDING MED. STAFF 2/24/62	b. DAT SIGN
22c. PHYSICIAN'S NAME (Type) ALFRED S. NORTON, M.I		MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME Cedar Hit	11 Cemetery Prince Georges County	State)
TITO DELL'ALLINOS	N.W. DATE FEB 2 6 '62 Carthury & Transfer	
Washington9,D	.0.	

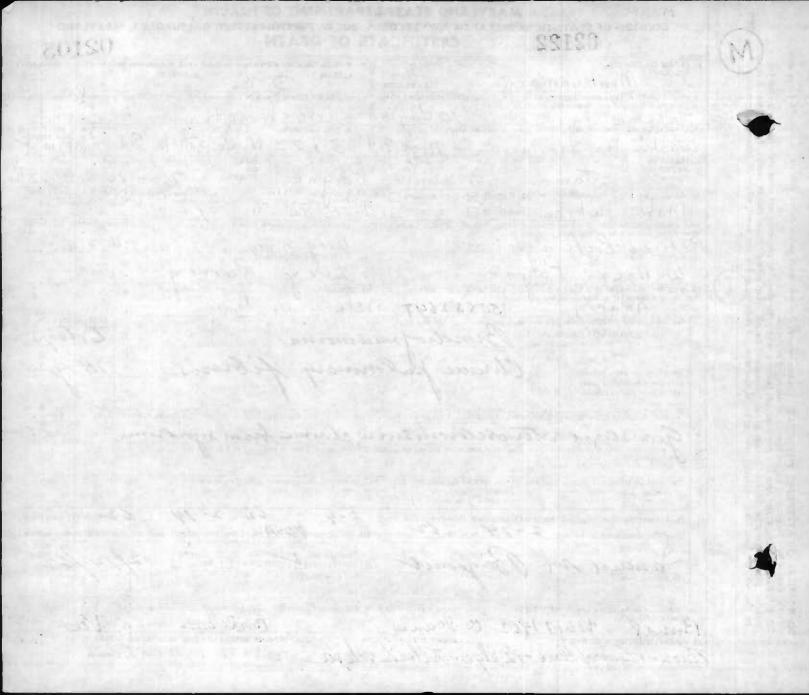
MARYLAND STATE DEPARTMENT OF HEALTH

. S. T. , ROSE MARKET BEAUTIES. T. S. s - e .W.T. . ORDER STEMPER. IT.W. TOTAL STATES JAMES OF THE STREET olicy link Half Hornely de abacceft атприкончолого a smarte residente - elbras bidore Canalmades Saldilano tunni dila dinagnatan trasat deutanti The Part 23 The Control of the Contr ALERON S. HOSTON, M.D. 1971 HIGHLAND AVE. DETHISDE, M. bust at week and the contract the contract of the contract the contract of the We see the second of the secon

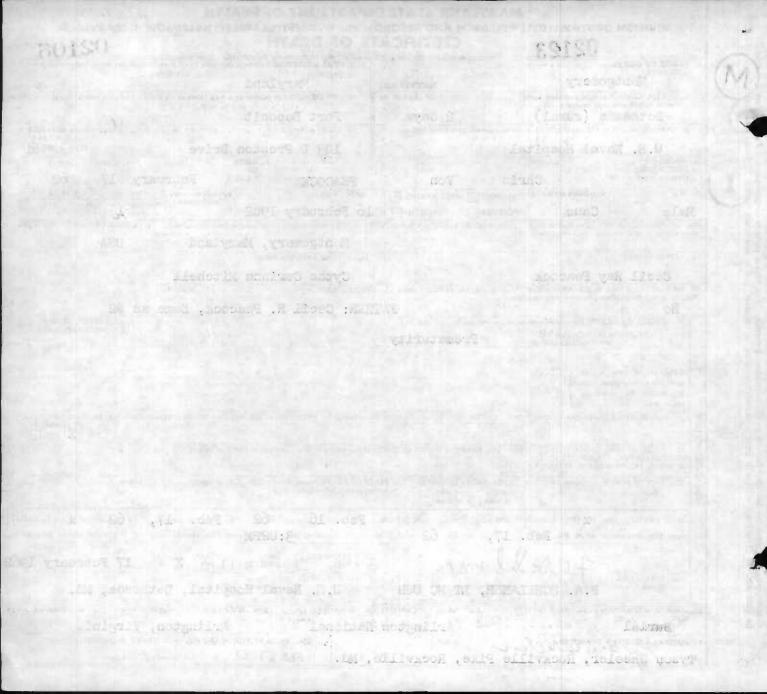
# n by the funeral I and 2 should fer death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 4 gay be retained by the hospital or attending physician. \*\*ECTOR: After this certificate has been signed by the attending physician and completely filling should be detached for use as the burial-transit permit. Then please remove carbon papers. Parthe State Dept. of Health prior to burial, cremation, or removal—and in any event, within 72 hours. TO HOSPITAL death. Page 4 TO FUNER. director, page be filed with the VR A1S (4) 15M 7/61

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02122 CERTIFICATE OF DEATH

U2 <b>122</b>	CERTIFICA	TE OF DEATH		02105
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where de	ceased lived, If institution: R	esidence before admission)
a. COUNTY Montgomery	MARYLAND	a. STATE D. C.	b. COUNTY	1/
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neglect town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	prate limits, write RURAL and	giva nearest Town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	oital, give street address	d. STREET ADDRESS	ton 4	a. IS RESIDENCE
Washington Sanitarius	11 1/2 12	1 5/23 N.C	apital 5"	ON A FARM?
3. NAME OF DECEASED First	Middle	O Last 4. DATE OF	Month	Dey Year
(Type or print) (ICIN ES	Brown	8. DATE OF BRITH 19.	-	4 - 19 6 2 YEAR IF UNDER 24 HRS.
5. SEX  6. COLOR OR RACE 7. MARRIEN  WIDOWEN		7. 7 8A	AGE (In yeers   IF UNDER 1   Months   I	Days Hours Min.
		RY 11. BIRTHPLACE (County & State, or	0	ZEN OF WHAT COUNTRY
Retired-Route a gent		Virginia		u.s.a.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	44 6	
Wallace Tayne 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO 1 17	INFORMANT	mey,	4.0
(Yas, no, or unkown) (If yas give war or dates of prvice)		Ister - in - lau	0	
18. CAUSE OF DEATH [Enter only one cause per li				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	ronchopm	lumorna		6days
DUE TO	enci W. C.	manage like	27	15 1100
Conditions, if eny, which geve rise to immediate cause	van juni	morary for	oses	15/4/20
(a), stating the underlying causa last. (c)	/			
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
3 Generalized arterios	clorosis seve	10-0-1		YES NO
E 200 ACCIDENT WAS UNDERLYING   20b. DESI	TRIBE HOW INJURY OCCURE	D. (Efiter neture of injury in Pert I or Part II	or item 18.)	
		ACE OF INJURY (Home, farm, 20f. (City	or town) (Cou	nty) (State)
Hour a.m. White at work		ctory, street, office bldg., etc.)		
21. I certify that (I) (this hospital) attend				
saw the deceased alive on 2-14	19, and tha	death occured at M.M. from	the causes and on t	he date stated above 225. DATE
Januar m 130	egemel ,	ATTENDING MED.	STAFF 2	14 6 SIGNED
22c. PHYSICIAN'S NAME (Type)	1	22d. ADDRESS		
23a. BURIAL, CREMATION, 23b, DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCA	ATION (City, town or county	(State)
Burge Leb 17 1962	Orleans	arla	rans	Vev.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A	1./	RAR 25b. REGISTRAR'S	11
ENTSONS LINERAL MOTHE - 120 EL	48 tellschu	sell va DATE FEB 1 6 '62	2 arting S.	/ CLARAGE



		0	2123		CERTIFICA	ATE OF D	EATH	STREET, BA	. 1.		02100
1	1. PLACE OF I		4769		Trem Cob.		ESIDENCE (V	Where deceased	lived, If In	stitution: Resi	dence before admis
)	a. COUNTY	ontgom	ery		MARYLANI	a. STATE	Marylar	nd	b. COUNT	Y	_ (
1	b. CITY OR TO	OWN (if outsi	de corporate lim	its,	c. LENGTH OF STAY IN 1		-		nits, write I	RURAL and gi	ive nearest town)
	Bet	AL and give in hesda	(rural)		2 days	Port	t Deposi	it		^	7x.2
1	d. NAME OF	HOSPITAL OF	R INSTITUTION	(if not in hos	pital, give street eddress)	d. STREET		14/11/2		4	e. IS RESIDE
		. Nava	1 Hospi	tal		103	D Prest	ton Driv	re		YES NO
1	3. NAME OF DECEASED		Firs		Middle	Last		DATE	Month	E	Dey Yeer
1	(Type or print)			hris	Von	PEACO	CK	DEATH	Febru	-	17 1962
	5. SEX	6. C	OLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTI		last b		F UNDER 1 YE	
	Male		auc	WIDOWE		16 Febru		52	yrs.	12	
	10s. USUAL OC done during mos	CUPATION (C t of working I	Give kind of wor life, even if retir	k 10b. Ki	ND OF BUSINESS OR INDU			- 111			N OF WHAT COU
							- 0 /	Marylan	id.	US	SA
	13. FATHER'S NA						MAIDEN NAM				
	Ceci	l Ray	Peacock			Cytha	a Corinr	na Mitch			
	(Yes, no, or unko	SED EVER IN ( wn)   (Ifyesgiv	U.S. ARMED FO ve wer or dates of	RCES? 16.	SOCIAL SECURITY NO. 17				Address		
	No				F	ATHER: Ce	cil R. I	Peacock,	Same	as #	
			Enter only one S CAUSED BY:	e cause per li	ine for (e), (b), end (c).]						ONSET AND DEAT
	PARI	IMMED	DIATE CAUSE (e)	)	Prematurity						
	1/	LX	DUE TO								
	Conditions,		ch ) (b	)							
		the underlyi				14					
	(e), stating cause last.	the <u>underlyi</u>	ing DUE TO	)							
2	(e), stating cause last.	the <u>underlyi</u>	ing DUE TO	)	ITRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL C	DISEASE CONDI	ION GIVE	N IN PART 1(a	PERFORME
2	(e), stating cause last.	other sign	DUE TO	ITIONS CON						N IN PART 1(a	19. WAS AUTO PERFORME YES A NO
	(e), stating cause last.  ZOLY  PART II.  20a. ACCIDE OR CONTRIB (IF EITHER, N	OTHER SIGN  OTHER SIGN	DUE TO  (c)  (FICANT COND  (DERLYING    LUSE OF DEATH  CAL EXAMINER)	THONS CON	CRIBE HOW INJURY OCCU	RED. (Enter nature of	injury in Pert I	or Pert II of item	18.)		PERFORME YES A NO
	(e), stating course last.  PART II.  20a. ACCIDE OR CONTRIB (IF EITHER, No. 1904)  20c. TIME C. Hour	OTHER SIGN  NT WAS UN UTING CA HOTIFY MEDIC FINJURY  e.m.	DUE TO  (c)  IFFICANT COND  ADERLYING  LUSE OF DEATH  CAL EXAMINER)  Month, Doy, Yo	20b. DESC	CRIBE HOW INJURY OCCU  NJURY OCCURRED 200.  Not While  of work	RED. (Enter nature of PLACE OF INJURY () factory, street, office	injury in Pert I Home, farm,   2 bldg., etc.)	or Pert II of item	n)	(County	PERFORME YES A NO
	(e), stating cause last.  PART II.  PART III.  20a. ACCIDE OR CONTRIB (IF EITHER, N Hour  21.   cert	OTHER SIGN  NT WAS UN UTING CA OTIFY MEDIC FINJURY e.m. p.m.	DUE TO  (c)  ILIFICANT COND  ADERLYING  LUSE OF DEATH CAL EXAMINER;  Month, Doy, Yo  19	20b. DESC 20d. I While et worl	CRIBE HOW INJURY OCCU	PLACE OF INJURY (Intectory, street, office	tinjury in Pert I	or Pert II of item  Of. (City or tow	n)	(County	PERFORME YES A NO  (Stell
	(e), stating couse last.  PART II.  20a. ACCIDE OR CONTRIB (IF EITHER, N  20c. TIME C Hour  21.   cert saw the c	OTHER SIGN  NT WAS UN UTING CA OTIFY MEDIC  FINURY  e.m.  p.m.  ify that {I	DUE TO  (c)  ILIFICANT COND  ADERLYING  LUSE OF DEATH CAL EXAMINER;  Month, Doy, Yo  19	20b. DESC 20d. I While et worl	CRIBE HOW INJURY OCCU  NJURY OCCURRED 200.  Not While  of work	PLACE OF INJURY (Intectory, street, office	tinjury in Pert I	or Pert II of item  Of. (City or tow	n)	(County	PERFORME YES A NO  (Steh
	(e), stating cause last.  PART II.  PART III.  20a. ACCIDE OR CONTRIB (IF EITHER, N Hour  21.   cert	OTHER SIGN  NT WAS UN UTING CA OTIFY MEDIC  FINURY  e.m.  p.m.  ify that {I	DUE TO  (c)  ILIFICANT COND  ADERLYING  LUSE OF DEATH CAL EXAMINER;  Month, Doy, Yo  19	20b. DESC 20d. I While et worl	CRIBE HOW INJURY OCCU	PLACE OF INJURY (Intectory, street, office	dome, farm, 2 bldg., etc.)   5	or Pert II of item  Of. (City or tow  2., toFe)  Mirom the	n)  causes a	(County	PERFORME YES 1 NO  (Stet
	(e), stating ceuse last.  PART II.  20a. ACCIDE OR CONTRIB (IF EITHER, N Hour  21.   cert saw the ce 22e. SIGNA	OTHER SIGN  NT WAS UN UTING CA HOTIFY MEDIC  FINURY  e.m. p.m.  ify that {	DUE TO  (c)  ILIFICANT COND  ADERLYING  LUSE OF DEATH CAL EXAMINER;  Month, Doy, Yo  19	20b. DESC 20d. I While et worl	CRIBE HOW INJURY OCCU	PLACE OF INJURY (Intercept, street, office many death occur.  M.D. PHYS.	dome, farm, 2 bldg., etc.) 1962 ed a8. 029	or Pert II of item  Of. (City or tow  2., toFe)  Mirom the	n)  causes a	(County	PERFORME YES A NO  (Stell  2 that (b) (we) date stated ab  22b. DA
	(e), stating couse last.  PART II.  20a. ACCIDE OR CONTRIB (IF EITHER, N  20c. TIME C Hour  21.   cert saw the c	OTHER SIGN  NT WAS UN UTING CA OTIFY MEDIC F INJURY  e.m.  ify that {  eccased a  TURE	DUE TO  (c)  ILIFICANT COND  IDERLYING  LUSE OF DEATH CAL EXAMINER)  Month, Dey, Ye  19  IX (this hosp live on	20b. DESC While et world ital) attended	INJURY OCCURRED 200.  Not While et work ded the deceased fro	PLACE OF INJURY (Intectory, street, office many death occur.  M.D. ATTENDIN'PHYS. 22d. ADD	Home, farm, 2 bldg., etc.) 1962 ed a8: 0 after of the control of t	or Pert II of item  Of. (City or tow  2., toFe)  Mirom the  TOR PHY	n)  causes a	(County 7.,., 19.62 nd on the	PERFORME YES A NO  (Stet  2 that () (we) date stated at  22b. D.  February
	(e), stating ceuse last.  PART II.  20a. ACCIDE OR CONTRIB (IF EITHER, N 20c. TIME C Hour  21.   cert saw the c 22e. SIGNA 22c. PHYSIC NAME	OTHER SIGN  NT WAS UN UTING CA BOTHER MEDIC  FINUURY  e.m.  p.m.  ify that (I)  ecceased al  TURE	DUE TO  (c)  ILFICANT COND  ADERLYING  LUSE OF DEATH  CAL EXAMINER)  Month, Doy, You  19  IX (this hosp  Live onF.C.	20b. DESC 20b. DESC 20d. I While et worl ital) attend b17	CRIBE HOW INJURY OCCUR  INJURY OCCURRED 200.  INJURY OCCURRED 200.	PLACE OF INJURY (Intectory, street, office of the place o	Home, farm, bldg., etc.)  1962 ed aR: 021  G MED. DIRECT RESS	or Pert II of item  Of. (City or tow  2., toFet  Mirom the  TOR PHY  Hospits	n)  causes a  ff. X	(County 7.,., 19.62 nd on the 17 ethesds	PERFORME YES A NO  (Stet  2 that (b) (we) date stated ab 22b. b) February  a, Md.
	(e), stating ceuse last.  PART II.  20a. ACCIDE OR CONTRIB (IF EITHER, Nor Hour  21. Cert Saw the C 22e. SIGNA  22c. PHYSIC NAME  23a. BURIAL, CREMOVAL (S	THE UNDERLY SEEMATION, 2 Regify)	DUE TO  (c)  IFFICANT COND  ADERLYING  LUSE OF DEATH  CAL EXAMINER)  Month, Doy, You  19  IX (this hosp  live onF.e.	20b. DESC 20b. DESC While et worl ital) attend b17.9.	CRIBE HOW INJURY OCCURRED 200.  Not While of work ded the deceased from 1962 and the company of the company	PLACE OF INJURY (Intectory, street, office of the court o	dome, farm, bldg., etc.) 1962 ed ag.: Oay G MED. RESS Naval	or Pert II of item  Of. (City or tow  2., toFe)  Mirom the  TOR PHY  HOSPITE  d. LOCATION	n)  causes a  ff. X  (City, towr	(County 7.,., 19.62 nd on the 17 ethesds	PERFORME YES A NO  (Stet  2 that (b) (we) date stated at 22b. Do February  3, Md.  (Stete)
1	(e), stating course last.  PART II.  20a. ACCIDE OR CONTRIB OR CONTRIBUTION OF CO	THE UNDERLY SEMATION, 2 SEMATION, 2 SL	DUE TO  (c)  IFFICANT COND  ADERLYING  LUSE OF DEATH CAL EXAMINER)  Month, Doy, You  19  DX (this hosp live onF.e.  2.A. SCH  23b. DATE THE  Feb. 22	20b. DESC 20b. DESC While et worl ital) attend b17.9.	CRIBE HOW INJURY OCCURRED 200.  Not While et work ded the deceased from 1962 and the common of th	PLACE OF INJURY (Intectory, street, office of the place o	Home, farm, 2 bldg., etc.) 2 ced ag.: OMED. RESS. Naval	or Pert II of item  Of. (City or tow  2., toFet  PMrom the  TOR PHY  Hospits  d. Location  Arli	n)  causes a  ff. X  l, Be  (Cir, town.ngtor.	(County 7.,., 19.62 nd on the 17 ethesds n or county) 1, Virg	PERFORME YES A NO  (Stell  2 that () (we) date stated at 22b. D/ February  a, Md.  (Stelle)
	(e), stating couse last.  PART II.  20a. ACCIDE OR CONTRIB (IF EITHER, N  20c. TIME C Hour  21.   cert saw the c 22e. SIGNA  22c. PHYSIC NAME  23a. BURIAL, CR REMOVAL (S BULL  24 FUNERAL DIF	OTHER SIGN  NT WAS UN UTING CA HOTIFY MEDIC FINURY  e.m.  ify that {  Heceased a  TURE  IAN'S (Type) F  EMATION, 2  EMATION, 2  EMATION, 2  EMATION, 2  EMATION, 3  EMATION, 3	DUE TO  (c)  IIFICANT COND  IDERLYING  LUSE OF DEATH CAL EXAMINER)  Month, Dey, Ye  19  IX (this hosp live onFe.  23b. DATE THE  Feb. 22  SNATURE	20b. DESC While et world ital) attended to the control of the cont	CRIBE HOW INJURY OCCURRED 200.  Not While of work ded the deceased from 1962 and the company of the company	PLACE OF INJURY (Infectory, street, office  mFebIf nat death occur  M.D. ATTENDIN- PHYS.  22d. ADD  U.S.  RY OR CREMATORY  1 National	Home, farm, 2 bldg., etc.) 2 ced ag.: OMED. RESS. Naval	or Pert II of item  Of. (City or tow  2., toFet  PMrom the  TOR PHY  Hospits  d. Location  Arli  Y REGISTRAR	n)  causes a  ff S. A.  (City, town.ngtor.	(County 7.,., 19.62 nd on the 17 ethesds n or county) 1, Virg	PERFORME YES A NO  (Steh  2 that () (we) date stated ab 22b. DA February  a, Md.  (Steh) ginia NATURE



#### FOR STATE HEALTH DEPT.

tor. Page our files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executed, Sertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be for acreded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bog or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

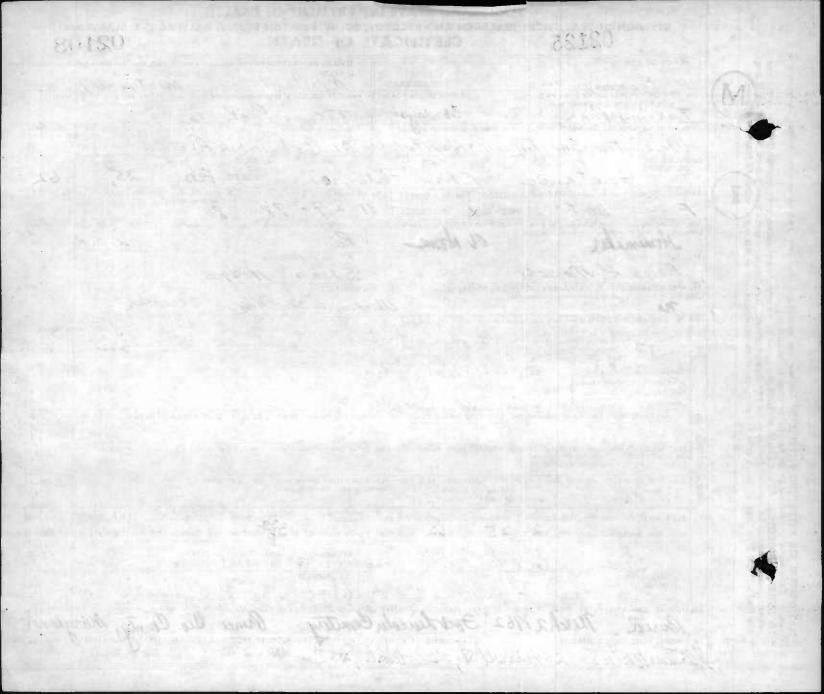
02124MEDICA	L EXAMINER'S	CERTIFICAT	E OF DEATH	(	12107
1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (Where daceased livad,		nce before admission)
Montgomery	MARYLAND	a, STATE	md b. col	Irun	7
b. CITY OR TOWN (if outside opporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporate limits, wr	ile RURAL and give	neacest town)
Hyattstown	14 yn	Plant Let	tolorm		
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	splial, give street address)	d. STREET SODRESS			o. IS RESIDENCE ON A FARM?
					YES NO
3. NAME OF DECEASED	Middle	Last	4. DATE Mon	th Day	Year
(Type or print) cleab alber	+ Vierre	1	DEATH 2	- 12	- 1962
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	DATE OF BIRTH	9, AGE (In year last birthday)	Months   Devs	
male white widow	ED DIVORCED V	6-19-19	04 57 yrs.	Months Deys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if retired)	UND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN C	OF WHAT COUNTRY?
Bestemant cook	iteral	ila		2.	S. 4
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Philip K. Perry		Ine	z Harner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (lifyesgive weror detes of service)	SOCIAL SECURITY NO. 17.	NFORMANT	Addre	45	
(193) No. Of GRANNI (11) GOOD TO GOOD	m	oran Perr	4 (Sm)	trus	2
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]	^ (	+		TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rinary oc	Elysim		100	NSET AND DEATH
7201 DUE TO					21.0
Conditions, if any, which (b)					74
gave rise to immediate cause					
(a), stating the underlying DUE TO cause last.				200	
	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION G	VEN IN PART 1(a)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS COL					PERFORMED?
	RIBE HOW INJURY OCCURED. (I	nter nature of Injury in Pa	rt I or Part II of itam 18.)		
20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.					
3 20c. TIME OF INJURY Month, Dey, Year   20d.		CE OF INJURY (Home, ferr		(County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. Hour s.m. Whil	Not While fact	ory, street, office bldg., etc	:.)		
21. I certify that I took charge of the ren	1 1	ld an Autopsy .	Inspection Inqu	iry 🗖 and	in my opinion
death resulted from: Natural causes			Undetermined		in my opinion
The state of the s	, recircular process	CHIEF MEDICAL	_		
ACTUAL 1	and +		DICAL EXAMINER	,	DATE SIGNED
SIGNATURE TO STATE OF THE STATE	without	M.D.	L EXAMINER A		
EXAMINER'S FLAUR J. F.	Brosenant		city, town, or county)	1-12-6	2
220. BURIAL, CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY OF		22d. LOCATION (City, tow	n, or country)	(State)
BEMOVAL (Specify) 2-15-68	Eper Gree	er	Juray.		Van
23. FUNERAL DIRECTOR	SPORESS /	11 C 1 2/m. REC	C'D BY REGISTRAR   24b. RE	GISTRAR'S SIGNAT	URE
Somet & Janner	Jaunuso	MA DATE FE	R 1 4 '62	when S. the	u.a

#### MARYLAND STATE DEPARTMENT OF HEALTH

02125 AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02108 CERTIFICATE OF DEATH

	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)				
	Montgomery MARYLAND	a. STATE b. COUNTY				
1	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)				
4	write RURAL end give nearest town)	17-1 0 V				
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddless)	TAKOMA VARK 12.  1 d. STREET ADDRESS  0. IS RESIDENCE				
	- 1 · · · · · · · · · · · · · · · · · ·	ON A FARM?				
	Washington SanitaRium + Hospital	21 Columbia AVE YES NO X				
	3. NAME OF First Middle	Last 4. DATE Month Dey Year				
1	(Type or print) Gertrude Eliza Te	tersen DEATH Feb. 25, 1962				
H	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.				
	F WIDOWED N DIVORCED	11 - 9 - 78 R3 yrs. Months Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	RY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?				
	done during most of working life, even if retired)  Al Appre	Pa. 4.3.A.				
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	RAIDA S. Messery	Flin Hodge				
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address				
	(Yes, no, or unkown) (If yes give war or dates of service)	ach it sour Nose Records				
1	18. CAUSE OF DEATH If nier only one cause per line for (a) (b) and (c) }	I INTERVAL BETWEEN				
	// /	VONST AND DEATH /				
4	IMMEDIATE CAUSE (a) Chrolise Tais	1/0/62-125/6				
	OGX DUE TO O					
1		Wel.				
		1 11				
	cause last. (c) Cur tired Dall be	idde.				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY				
	<b>Y</b>	YES NO				
	200. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II of item 18.)				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLA					
	Hour e.m. While Not While fact	lory, street, office bldg., etc.)				
		10 10 10/2 1/2 20/2 11/2 10/2 11				
		5 70				
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATTENDING MED. STAFF SIGNED,				
	Market Market Steel Market Miles Mil					
	NAME (Typy) (A. Alexant Colline 1 - 1)	106/D 1 D 0 1/ 300 All				
	1 1.0149101: C4.101611-10 11/	6126 Kiggs For HYA/15. 10				
	REMOVAL (Specify) W	OR CREMATORY / 23d LOCATION (City, town or county) (State)				
	Burial Much 2, 1962 Jow Lincoln	Cemilly Mince Dev. County, Maryland				
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRARYS SIGNATURE				
4	Wilker Walters 254 Carrol St. 1/10 - Clas	a. D. C DATE MAR 2 62 arthur 2. Thous				
/	13. FARTHE'S NAME					

VR A15 (4)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02126 PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residen e. COUNTY b. COUNTY Montgomery MARYLAND Washington b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give negrest town) 2h2 davs Bellevue Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 812-163rd Street The Clinical Center, Bethesda 14, Md. YES NO THE 3. NAME OF 4. DATE DECEASED (Type or print) Phipps DEATH February 11 62 Margaret Lenore 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. and c last birthdey) Femal e November 12, 1927 WIDOWED [ DIVORCED 1Da. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Washington U.S.A. None 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mary M. Foster
16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Theodore W. Kenworthy à 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or detes of service) The Clinical Center, Bethesda lh. Maryland certificate has been signed by the r use as the burial-transit permit. T prior to burial, cremation, or remove NTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] ONSET AND DEATH I. DEATH WAS CAUSED BY: Intracranial pressure due to brain metasteses weeks IMMEDIATE CAUSE (e) DUE TO (b) Metastatic Choriocarcinoma 18 months geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) WAS AUTOPSY PERFORMED? NO. 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED I 20f. (City or town) (County) (Stete) etained b Not While factory, street, office bldg., etc.) Hour e.m. et work et work 21. I certify that x (this hospital) attended the deceased from. June 11. 1961 (February 11 1962, that (x) (we) last saw the deceased alive on February 11, 19, 62, and that death occured at 50PN om the causes and on the date stated above. 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. FUNERA ector, page 22c. PHYSICIAN'S The Clinical Center. National Marvin A. Kirschner, M.D. Institutes of Health, Bethesda 14, Md. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) BURIAL, CRESTIN 23c. NAME OF CEMETERY OR CREMATORY Oig ASHINGTON FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4) arthur S. Thouse 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

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N. 42. CHARDERS CO. 1 400 CHARD S. R.S. FRANKE, S. F.

the all missing provided the later the There's active out the court was 16 (S.F. S.F. 1.00m b)

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Thereto . Territor

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the d pue physician please attending the death. Page 4
TO FUNERAL
director, page 3

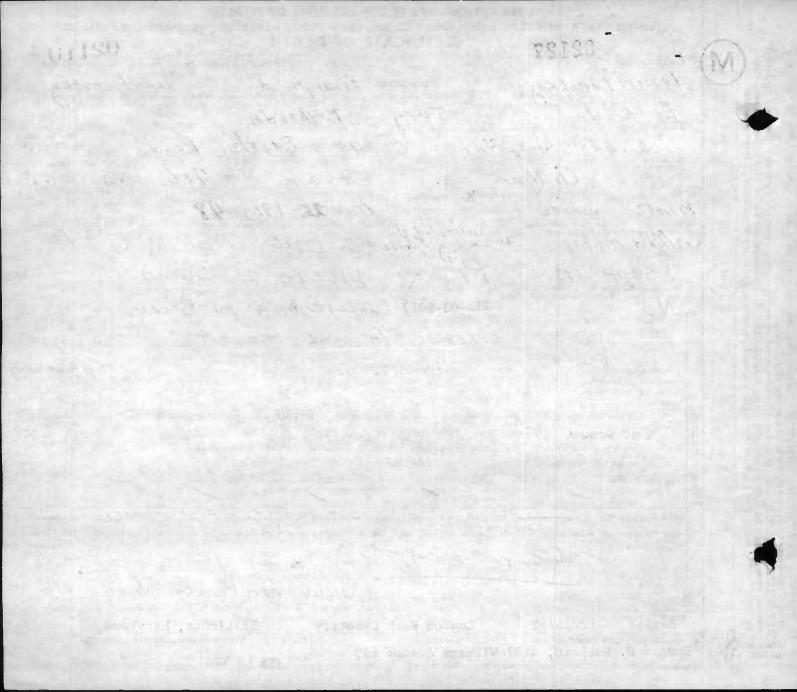
VR A15 (4)

15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALT

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission a. COUNTY 170000 MARYLAND Trantagiricky b. CITY OR TOWN (if outside corporate finits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) e. IS RESIDENCE YES NO V DECEASED (Type or print) IF UNDER 24 HRS AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only ona couse per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: LEREBRAL 5 DAYS IMMEDIATE CAUSE (e) DUE TO HYPERTENSION Conditions, if any, which gave rise to immediate ceuse DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? THROMBOSIS CORONARY NO X 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 (County) (Stete) fectory, street, office bldg., etc.) While Not While at work 21. I certify that (I) (this hospitet) attended the deceased from OCTOBER, 1961, to FFB, 1962 that (I) (was last saw the deceased alive on F56 11# 19.62, and that death occured at 4.AM, from the causes and on the date stated above 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 1140 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 2/15/62 Loudon Park Cemetery Baltimore, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Howard H. Hubbard, 4107 Wilkens Avenue #29 FER 1 4 '62



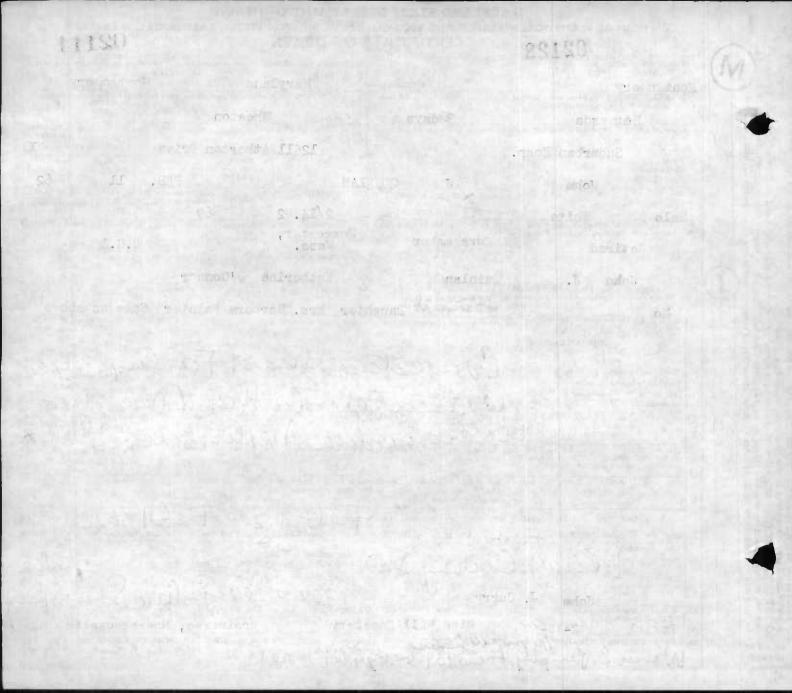
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 02128 1. PLACE OF DEATH a. COUNTY MARYLAND Montgomery b. CITY OR TOWN (if outside corporata limits, by the c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Wheaton days Bethesda within d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give streat address) Suburban Hosp. completely papers. 3. NAME OF DATE Middla DECEASED OF (Typa or print) DEATH John 6. COLOR OR RACE 7. MARRIED NEVER MARRIED carbon B. DATE OF BIRTH and WIDOWED DIVORCED event. 109. USUAL OCCUPATION (Giva kind of work physician remove 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, avan if retired) Worcester. Core maker Mass. Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 Then please and Quinlan Katherine John 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (Ifyas giva war or datas of sarvice) Ves-COULD Not secure No. Daughter the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] signed by PART I. DEATH WAS CAUSED BY: IMMIDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immadiata cause DUE TO (a), stating the undarlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING certificate as C 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING IT CAUSE OF DEATH etached for (IF EITHER, NOTIFY MEDICAL EXAMINER) After ATTENDING 20c. TIME OF INJURY Month, Dey, Year factory, straat, offica bldg., atc.) Not While While Hour a.m. at work at work p.m. TOR: TO and that death occured at ... U saw the deceased alive on. 22a. SIGNATUN ATTENDING MED. PHYS. DIRECTOR HOSPITAL page 22d. ADDRESS 22c. PHYSICIAN NAME (Typa) John 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify)

SIGNATURE / Commen

2. USUAL RESIDENCE (Where daceased lived, If institutions Residence before admission) b. COUNTY Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO K Atherton Drive Yaar 19 62 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & Stete, or foraign country) U.S.A O'Connor Mrs. Barbara Painter Same as above INTERVAL BETWEEN ONSET AND DEATH PERFORMED? 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata) M. from the causes and on the date stated above. DATE IGNED PHYS. 23d. LOCATION Blue Hill Cemetery Braintree, Massachusetts Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATEB

death. Page 4 O FUNERAL director, page VR A15 (4) 15M 9/60



FOR STATE **HEALTH DEPT** 

s necessary, sctor. Page your files. d of Health,

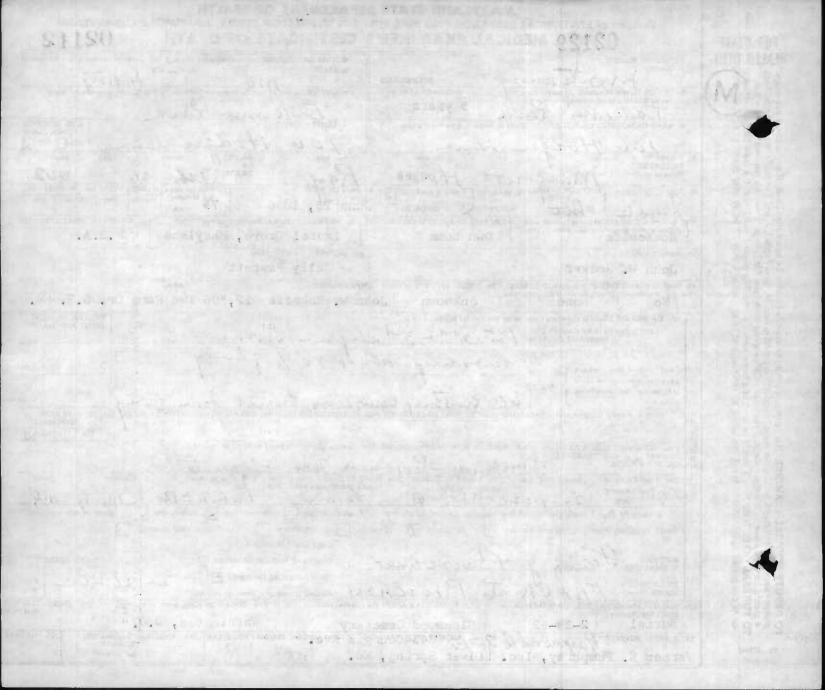
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be were and 1 to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boom its designated agent, prior to burial, cremation, or removal, and In any goon! within 72 hours after death.

VS. AISME 5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02112 02129 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dece	essed lived, If institution: Residence before	admission)			
	o. COUNTY MARYLAND O. STATE	b. COUNTY M				
1-		rate limits, write RURAL and give nearest toy	(n)			
/	write RURAL and give needed toward		,			
1	arconva venic	back				
î	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		A FARM?			
	106 Hodge hass		NO K			
3	3. NAME OF First Middle Last 4. DATE	Month Dey Yas	r			
	(Type or print) Margaret Hodges Ray OF DEATH	Feb 26 19	62			
	5. SEX 16. COLOR OR ACE T MARRIED TO ALLER TO BE BOTH 19	AGE (In years HE UNDER 1 YEAR   JE UNDER	24 HRS.			
	WIDOWED DIVORCED June 26, 1886 7	(ast birthday) Months Days Hours	Min.			
1	100. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)		OUNTRY?			
	don'd during most of working life, even if retired)  Own home  Laurel Grove, Ma					
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
	John W. Hodges Sally Fawcett					
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT	Address				
1	(Yes, no, or unkown) ((fyesgive was or deles of service) Unknown John W. Roberts 12,50	06 Two Farm Dr. S.S.	Md.			
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BE				
	PART I. DEATH WAS CAUSED BY: 1st 2nd + 3rd clegree brown	ONSET AND	DEATH			
	MMEDIATE CAUSE (a) 1 - 2 - 2 clique vivins					
	6.0 DUE TO moreles about 80 % 16 maly					
	Conditions, if any, which (b)					
	geve risa to immediata cause  (a), steting the underlying  DUE TO					
1	cause lost. 10 Well Clarker Completity Towns and A	from tooks				
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF					
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF	YES T	NO T			
1	20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Pert I or Part II of ite					
1	PRIMARY OF OF CONTRIBUTING   Quarter   Quarter					
:	I WILLIAM - WATER TIME CONTRACTOR	or town) (County)	(State)			
1	Hour same While Not While fectory, proced office bldg., etc.)		. 0			
3		ome Hack menty	my			
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection	Inquiry , and in my o	pinion			
	death resulted from: Natural causes . Accident . Suicide . Homicide . Unde	etermined manner				
	CHIEF MEDICAL EXAMINER					
	ACTUAL TALL A C CALLET ASSISTANT MEDICAL EXAMINER	DATE SIG	NED			
1	SIGNATURE A COLOR M.D. DEPUTY MEDICAL EXAMINER A	_				
1	NAME (Type) FRANK J. 13 hos Chart Address (Street, city, town, or cou	ounty)				
2	226. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATIO	ON (City, town, or country) (Sta	le)			
	Burial 2=28-62 Glenwood Cemetery Washin	ngton, D.C.				
1	23. FUNERAL DIRECTOR Paymons Q 2 ADDRES 434 Georgia Avel 240. REC'D BY REGISTRA					
	Warner E. Pumphrey, Inc. Silver Spring, Md. DATE 1 '62	arthur S. Kraus				
-						

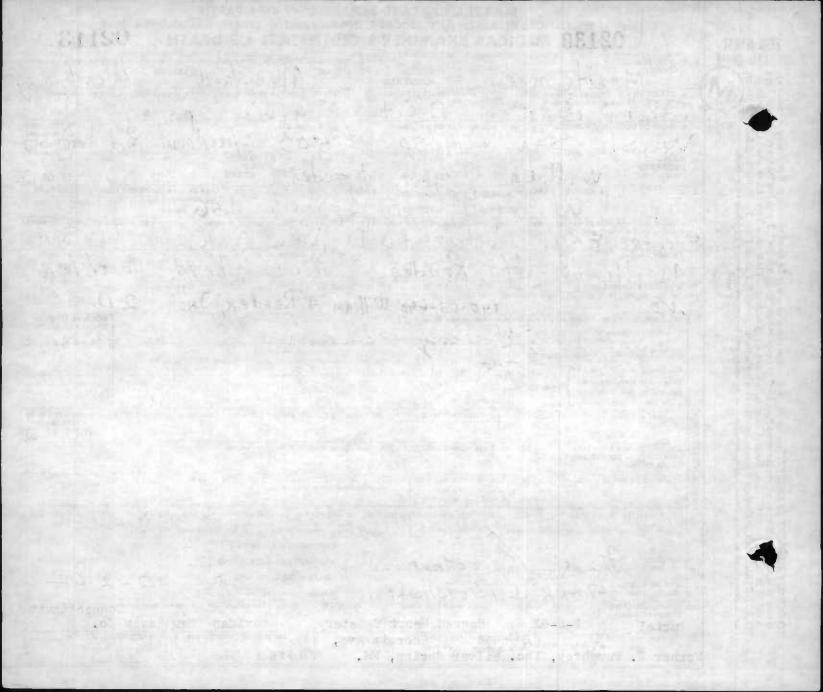


# FOR STATE HEALTH DEP

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12130 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12142

CALLO MEDICAL EXAMINERS CHAIR OF PEACE
1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
. COUNTY MAN 1 + GAMERY MARYLAND B. STATE MARYLAND B. COUNTY MONTGOMORE
Parile RURAL end give nagon town
14KOM PERK DIOIT 35 SIIVER SPRINT.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Wash JAN + HOSP. 4502 +URMAN Rd YESTHOFF
3. NAME OF First Middle Last 4. DATE Month Dey Year
(Type or print) William august Reader DEATH ) 1965
A Line of the state of the stat
Months Days Hours Min.
WIDOWED DIVORCED 1 6 3-03 136 yrs.
10e. USUAL OCCUPATION (Give kind of work days if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Flecto, ENG. VITRO LAB NEW YORK MISIA.
13. FATHER'S NAME 1 11 MOTHER'S MAJDEN NAME 1 1 1 1 1
William H. Keader Elizabeth Wahler
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, opunkown)   (Ifyasgivawarordatasofservica)
NO 040-03-6398 William A. Kender, UR. 2D.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
B PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
IMMEDIATE CAUSE (a) Carnary occlusion sudden
DUE TO
Conditions, if any, which (b)
gave rise to immadiata causa  DUE TO
(a), stating the underlying
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
2Da. EXTERNAL CAUSE WAS    2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)    2Dc. EXTERNAL CAUSE WAS    2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)    2Dc. EXTERNAL CAUSE WAS    2Dc. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour e.m. WhileNot
Hour e.m. While Not Whila factory, street, office blog., arc.)
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my opinion
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
CHIEF MEDICAL EXAMINER
1 10 10 10 10
SIGNATURE THE SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S 17 1 TO 1 DEPUTY MEDICAL EXAMINER 2 2-62
NAME (Type) - ANR J. /3/05/02 LA Address (Streat, city, lown, or county)
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country Connecticutt
Burial 2-6-62 Sacred Heart Cemetery Meriden New Haven Co.
23 FUNERAL DIRECTOR 2 ADDRESS COORGIO AVIO 1248. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE
The state of the s
Warner E. Pumphrey, Inc. Silver Spring, Md. DATEEB 6 '62 Conting & Thomas

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executed errificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be for 1, 2, and 3 to the funeral 4 should be for 1, 2, and 3 to the funeral 5 a should be for 1, 2, and 3 to the funeral 5 and 2 with form PM3. Page 5 may be retained for TO FUNERAL 1 NAECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bos or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 9/6D



## FOR STATE HEALTH DEPT.

ctor. Page our files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay it please execut.

Jertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be for trided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO PUNERAL EXECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours effer death.

#### VS. A15ME 5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11.1

1. PLACE OF DEATH 131			nstitution: Residence before edmission)
Montgomery Maryland	a. STATE	b. COUNT	
b. CITY OR TOWN (if ourside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	ryland It outside corporate limits, write I	RURAL and TVE LEGISLAY
write RURAL and give neerest town)  8 a the code  52 Mune	V		
Bethesda  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	kville	1 - IC RECIDENCE
	G. STREET ADDRESS		IS RESIDENCE     ON A FARM?
Suburban Hospital	571	4 Crawford Driv	YES NO
3. NAME OF First Middle DECEASED	Last	4. DATE Month	Dey Yeer
(Type or print) Norman Milton	Reed	DEATH	uary 6. 19 62
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	DATE OF BIRTH	9. AGE (In yeers   I	FUNDER 1 YEAR   IF UNDER 24 HRS.
	1/0/20	1	Months Deys Hours Min.
Male   White   WIDOWED   DIVORCED     10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	4/8/18 VI 11 BIDTHDI A CE (Conta	1 43 yrs.	1 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if refired)	ii. bikiiii LACE (Siaia	or totaldu conuital	12. CITIZEN OF WHAT COUNTRY!
Disabled Vet.	Wash. D.		U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
Milton Reed	Hazel Grad	77	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	NFORMANT	Address	
(Yes, no, or unkown) (Ifyes give wer or datas of service)			
Yes World War III M(	other Hazel	Reed Same as a	
DART I DEATH WAS CALISED BY A		1 (5. 1)	ONSET AND DEATH
MMEDIATE CAUSE (a) Julya Cerutral fu	mortges	(muliple)	
O DUE TO	, 1		13
Conditions, if eny, which \ (b) fracture 1	skull		7 %
geve rise to Immediate causa (a) stating the underlying DUE TO			VZ4 ^
tel, steining the underlying	atama.		
	T DELATED TO THE TERMI	NAI DISEASE CONDITION CIVE	N IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  History A selection Success  PRIMARY IN or CONTRIBUTING CAUSE OF DEATH.  CAUSE OF DEATH.	T KEENTED TO THE TERMIN	ANT DISTASE COMPILION GIVE	PERFORMED?
3 History & Speliptic success	in the	part	YES NO 1
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	nter nature of Injury In Per	t of Pert II of item 18.)	
	rein at	Lame_	
[ 20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20a. PLA	CE OF INJURY (Home, fern	n, ; 20f. (City or lown)	(County) (State)
Hour s.m. While Not While O factor	ory, street, office bldg., etc	1 R 1 100	. 4 . 1
	nome	KKVZEL	miney me
21. I certify that I took charge of the remains described above, he	ld an Autopsy X,	Inspection   Inquiry	, and/in my opinion
death resulted from: Natural causes , Accident X, Suici	de . Homicide	, Undetermined mai	nner
1	CHIEF MEDICAL	EXAMINER	
ACTUAL THE A O. Brosshart	M.D. ASSISTANT MED	ICAL EXAMINER	DATE SIGNED
SIGNATURE SIGNATURE AT STREET		L EXAMINER 🗘 🥠	-6-62
NAME (Type)			-6-62
220. BURIAL, CREMATION, 225. DATE THEREOF THE TOTAL TOTAL		city, town, or county) 22d. LOCATION (City, town, c	or country) (Stele)
REMOVAL (Specify)			forms
Burial   2-9-62   Arlington N	ational	Arlington	Va.
23. FUNERAL DIRECTOR ADDRESS	24a. REC	D BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE
Ernest C. Gartner. Gaithersburg	DATE E	8 162 Circin	us & Thomas

USTRO STABILITIES OF TERM H M. HINGTON CETTE SON E & LEGIS State Language of the Trade of the E Y M I I I Was a said of the Frank at the Parkery of Kentral - Irenters Duckney a data total Land All All and the second A CL CLC II CL CLC II OL HIMOVAL SHAMES St. Marry's Cometery OLAYTHIN, S. M. Y. France Holling & grouph Style Wash or bear man

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02133 CERTIFICATE OF DEATH 02116

1.	PLACE OF DEATH  e. COUNTY		2. USUAL RESID	DENCE (Whare			nce bafore	edmission)
1	Montgomery	MARYLAND	•. STATE Marylan	hd	b. COUN	ntgomer	r.	
-	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16			orporate limits, write			vn)
	Bethesda	29 days	26 Silver	Spring,				
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hos	pital, give street eddress)	d. STREET ADDR	ESS		16 6	ON	A FARM?
	The Clinical Center, Bethe	esda 14, Md.	8508 -	16th St			YES	NO 3
3	NAME OF First DECEASED	Middle	Last	4. DATI	Month	Dey	Yes	r
	(Type or print) Faye	Beatrice F	leiser	DEAT	TH Februar	y 23,	19	62
5	. SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED B	. DATE OF BIRTH		9. AGE (In yeers	IF UNDER 1 YEAR		R 24 HRS.
	Female   White   widows	DIVORCED [	November	1899	last birthdey) 62 yrs.	Months Deys	Hours	Min.
11	De. USUAL OCCUPATION (Give kind of work on a during most of working life, even if ratired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (	County & Stele,	or foreign country)	12. CITIZEN	OF WHAT	COUNTRY?
		Unk <b>n</b> own	Penr	nsylvani	a	1	U.S.A.	
13	3. FATHER'S NAME		14. MOTHER'S MAI					
	Abraham Snyderman		Minnie	Neumeye	r			
15	5. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. (es, no, or unkown)   (Ifyes give wer or dates of service 57)	SOCIAL SECURITY NO. 17. 1	NFORMANT The	e Medica	I Records			
1,	No -	The The	Clinical	Center.	Bethesda	14. Mai	rylan	d
-	18. CAUSE OF DEATH [Enter only one cause par l					11	TERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Irreversible shock				0	12 hours		
	17/7	AGISIDIG SHOCK					J.N. 110	WE D
	Conditions if any which a cute tubular necrosis						0 1-	
	Conditions, if any, which geve rise to Immediate cause	e oundrar Heer	0212				9 08	ys
	(a), stating the underlying DUE TO							
	ceuse lest. (c) Mela	noma of Vulva					l ye	ar
2	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART 1(e)	19. WAS	AUTOPSY DRMED?
CATION							YES K	NO 🖸
CERTIFIC	2De. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter netura of injur	y in Pert I or Pe	t II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. Hour e.m. While et wor	Not While fact	CE OF INJURY (Home ory, street, office bldg.		City or town)	(County)		(Stete)
	21. I certify that (K) (this hospital) attended	ded the deceased from	January 25	1962	. February	7 2319 62	that 39)	(we) last
	saw the deceased alive on February	23 10 62 and that	doub occured a					
	22a. SIGNATURE	and mai	death occured a	31 <u>ph</u> ./*/, 11	JIII IIIO COUSOS	and on me		b. DATE
	w J	1	ATTENDING	MED.	STAFF	Fohmson	0.0	SIGNED
	Marin Toman	3 "	.D. PHYS.	DIRECTOR		Februar	V	1962
	22c. PHYSICIAN'S NAME (Type) M		22d. ADDRESS		ical Cent	ter, Nat	ional	7
	Marvin Pomeran		D. Institut		lealth, Be		14, M	arylan
2	REMOVAL (Specify)	NAT'L. MEN	D. A.	23d. LC	CATION (City, tov	vn or county)  WRCH.	VA.	Stete)
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e.	REC'D BY REC	ISTRAR 256. REC	GISTRAR'S SIGN	ATURE	
1	Tallhers Fineral Home 42	17-995+ N/11	1. WASHED COAT	F = 0.10	0	ing & Krau	. 4	
14	CIGILITY I CITICIAN I NINC 19	1 01 1400	7-,0	FEB 2 5 '0	Clah	A TVAN		

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MARYLAND STATE DEPARTMENT OF HEALTH

IFICATE OF DEATH	, BALTIMORE 1, MARYLAND 02117

	1. PLACE OF DEATH  e. COUNTY  Montgomery  MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) New York  b. COUNTY					
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)					
	Bethesda: 56 days	North Syracuse 69x 3					
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS   o. IS RESIDENCE					
	The Clinical Center, Bethesda 14, Md.	105 Michael Avenue					
+	3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer					
	DECEASED (No middle na	17					
	1. MONNED   INCARA MONNED	November 5, 1914 9. AGE (In yeers IF UNDER 1 YEAR Hours Min.					
	10e. USUAL OCCUPATION (Give kind of work done during most of working life even if refired)  Machine operator (Not known)	11. BIRTHPLACE (County & Stele, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U.S.A.					
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
1	Tom Renne	Esther Gallo					
J	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT The Medical Record					
	(105_10) of unkown) [{Ifyasglyewere/gatesersatvice)  = a1 = a 0 0 0	e Clinical Center, Bethesda, 14, Maryland					
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest	1 hr 20 Min.					
	DUE TO						
	Conditions, if eny, which \ (b) Aortic Stenosis and	d insufficiency 7 years					
	geve rise to immediate ceusa (e), steting the underlying  DUE TO						
Н	couse lest. (c)						
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TOTAL replacement of aortic valve 3 to 100 to 1						
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TOTAL REPLACEMENT OF ACTION OF TOTAL REPLACEMENT OF TOTAL REPLACEMENT OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH OF CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NO TOTAL REPLACEMENT OF CONTRIBUTING TO D	Imonary emboli , (Enter nature of injury in Pert II of item 1B.)					
		ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) tory, street, office bldg., etc.)					
	21. I certify that 1 (this hospital) attended the deceased from	December 27, 19.61 to February 21 19.62, that (N (we) last					
	saw the deceased alive on February 211962, and that death occurred a 3:50 PM rom the causes and on the date stated above.						
	22e. SIGNATURE	ATTENDING MED. STAFF SIGNED					
١	22c. PHYSICIAN'S M	22d. Address The Clinical Center, National					
	NAME (Type) Richard P. Anderson, M.D.	Institutes of Health, Bethesda 14, Md.					
	230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY BURIAL Specify 726/62 assum	OR CREMATORY 23d. LOCATION (City, town or county) (State) 4.					
	W. W. Chambles Co. 140 approblation	250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  TON DAJE FEB 2 6 '62 Orthor S. France					

Hontgomery

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Total relacement of ecolic valve 3 medic prior to death; grimmants Liste transmitte : moloide months to noteberrough

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Melityd P. Anderwon, S.D. - Amiltutes of Health, Detaeton 11, 10.

The Melle Resumition I grace in

February 21 62

2/02/62

TO HOSPITAL
death. Page 4
TO FUNERAL
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VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

()2119

1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
Montgomery MARYLAND	o. STATE D.C.
b. CITY OR TOWN (if outside corporete limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give neerest town) Takoma Park	474.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Washington 4 (X ')
	ON A FARM
	6129 Broad Branch Rd. N.W. YES NO
NAME OF First Middle	Last 4. DATE Month Dey Year
(Type or print) Than Tallo	This DEATH February 7 19 62
7. MARKIED   NEVER MURKIED	B. DATE OF BIRT 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	April 15,1876   lest birthday)   Months   Deys   Hours   Min.
Da. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTI	- 05
done during most of working life, even if retired)	
housewife 3. FATHER'S NAME	Mt. Juliet, Tenn U.S.A.
	14. MOTHER'S MAIDEN NAME
W. H. Young	E. Vivietta
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   17.   17.   18.   1	INFORMANT Address Wash, D.C.
no M:	rs. Ruby Stover, 6129 Broad Branch Rd
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0)	morace 1 of the
DUE TO PORTO	1
Conditions, If eny, which (b)	letrocletoris gr
geve rise to immediate causa (e), stating the underlying DUE TO	
couse lest. (c) Who know	02
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)   19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH TO CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRI	PERFORMED? YES NO N
200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURED	D. (Enter neture of injury in Pert I or Pert II of item 1B.)
OR CONTRIBUTING CAUSE OF DEATH	, things notate of inferty in Petral of Lend in on New York
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
p.m. 19 et work at work	P n
21. I certify that (I) (this hospital) attended the deceased from.	Les 10 yrs, to de / / 1962 Hat (1) (A) la
saw the deceased alive on 277/ 1962 and that	t death occured at
220. SIGNATURE Wolchon MX	ATTENDING MED. STAFF SIGN
22c. PHYSICIAN'S NAME (Type) Chas H Wolotte	oN 22d. ADDRESS 40/ Blan Rd 9W Wash
38. BURTAT, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 2/8/62 Mt. Olivet	Cemetery Nashville, Tenn.
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
he S.H. Hines Co., 2901 14th St.N.W	· Wash, Doate

81159 THE PART OF ME Head order Washington columns. The same and a second s SALL COMMENTS OF THE REAL PROPERTY OF THE SALES Terminal de la company de la c anterarger .A. J. D. Zono and A. Zonow, Jaking Live - Land material VIVE AND MANY STATES OF TROOPS SHARED ON The Country State of the Country State All the Market State of the Country State of the Count SECTION SOUTH TO PERSON AND THE RESERVE Annel California in granaced devices of Gold of Carona now E. H. Hines Co., 2901 then St., . . . sagn, co. seniff. H. B won

# ctor. Page our files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executed certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be to carded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boa or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME

5M 9/6D

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02136MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0211

02119

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decreed lived, if institution: Residence before edmission)
1	o. COUNTY MARYLAND	o. STATE b. COUNTY M - CT
4	b. CITY OR TOWN (if outside tomporate limits, write RURAL and give porest lown)  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL end give learast town)
H	write RURAL and give represt town)	27 110. 6
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS I e. IS RESIDENCE
	21- 11 to at	ON A FARM?
-	3. NAME OF SELECTION ST Middle	2505 Newton St YES NO 18
1	DECEASED (1)	Lesi 4. DATE Month Day Yeer OF
	(Type or print) Jahrenia Ang Ko	terson DEATH Seb 2 1962
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	Line Whit WIDOWD DIVORCED	8-28-25 36 yrs. Months Doys Hours Min.
ľ	100 USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
1	do for ducing most of working life, even if relired) unknown	De Mcc
4	13. FATHER'S NOME	14. MOTHER'S MAIDEN NAME
	1) 1	14. MOTHER'S MAIDEN NAME
1	15. WAS DECEASED EVER IN U.S. ARMED FOR ES?   16. SOCIAL SECURITY NO.   17. I	They wan any h.
	(Yes, no., or unkown) (if teggiva werordates of service)	NFORMAN'S Address
	NO P10=24=1221 Ka	a Johnson Jen 2
	18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	
	1481 DUE TO	sucontrage Sudde
1	Conditions, if any, which ? (b) Bullet works	in me heart & chest
1	gave rise to immediate cause  [A] station the underlying DUE TO	
	(a), sletting the underlying DUETO	
1		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)  19, WAS AUTOPSY
	OE)	PERFORMED?
	S OO SYTEMAL CALIFE WAS A DESCRIPTION IN THE PARTY OF THE	YES NO
1	PRIMARY TO OF CONTRIBUTING	nter nature of injury in Pert I or Pert II of itam 18.)
- 1	Shar My To a - Kandl	an should leaving in can for works
		CE OF INJURY (Home, farm, 20f. (City of town)  (Steta)
	Hour e.m. 2-2 1962 at work et work	home Wheater monto mil
	21. I certify that I took charge of the remains described above, he	
	death resulted from: Natural causes . Accident . Suici	
		CHIEF MEDICAL EXAMINER
1	ACTUAL LA A B. L.	A SCIETANT MEDICAL EVALUATED TO THE CONTROL OF THE
	SIGNATURE Shows J. Morthur	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
1	EXAMINER'S FLANK J. Brosch	DEPUTY MEDICAL EXAMINER   2-2-62  Address (Street, city, town, or county)
1	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, lown, or country) (Sleta)
	Burial 2-6-62 National Memor	ial Cemetery Falls Church Fairfax Virginia
1	23. FUNERAL DIRECTOR Page 10 2 6 ADRES 4 Georgi	0
1		
T.	arner E. Pumphrey, Inc. Silver Spring, Mc	DATE THE THE THE TANK A. THEN

Entrant - According Line - Control Camputal Company Arrange L. Fundando, Inc. editor Britan, 186.

ctor. Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execut.

J. Certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be to "Aarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained in TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bod or its designated agent, prior to burial, cremation, or removal, and in any eyem within 72 hours after death.

VS. A15ME SM 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02134 DICAL EXAMINER'S CERTIFICATE OF DEATH 02120

0	1.	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution; Resid	Aritheton
1		M. D. Tayana Maryland	Virginia - Tred- 6. COUNTY	Lynn
	1	b. CITY OR TOWN (if our de corporete mits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and gir	
4		write KUKAL and givernearest town)	Arlington	83x.3
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS 711 So. 20th Street	a. IS RESIDENCE
K	0	1. hat 12 mo III it sh		YES NO
	3.	NAME OF First Middle	Last 4. DATE Month D.	ey Yeer
i		DECEASED (Type or print)	OF DEATH 1.1	1962
Ť		allian 100e	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	
J		4	Q - 2 - Q 2   Let birthday   Months Day	
Ē,	10a	Mules What WIDOWED DIVORCED	1 11. BIRTHPLACE (State or foreign country)   12. CITIZEN	OF WHAT COUNTRY?
		ne during most of working life, even if retired)	(0.00	
3		Newy yours relived		- S. CL
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1		anknown	unknown	
		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II	NFORMANT Address	no Van
		you www-1 unknown Ro	arson tuneral dome, t	alls Church
		78. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	orthogo & laceration.	7
		J / V DUE TO		walno
		Conditions, if eny, which ) (b) by the topmen	I m at lemple	- Sie
		geve rise to immediate cause		
		(a), stating the underlying cause last.		
)	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0	
	CERTIFICATION			PERFORMED?
	IFIC		nter neture of injury In Part I or Part II of item 18.)	
	CER	PRIMARY S or CONTRIBUTING CAUSE OF DEATH.	I 11 & 1 want in at I	. he.
	Y.	20c. TIME OF INJURY Month, Day, Year   20d. INJURY, OCCURRED   20e. PLA	CE OF INJURY (Home, ferm, † 20f. (City or town) (County)	(Steta)
	MEDICAL	nour a.m.	ory, street, office bldg., etc.)	7. 1001
	×	21. I certify that I took charge of the remains described above, hel		y VIII
				nd in my opinion
		death resulted from: Natural causes . Accident . Suici		
		ACTUAL A 1 1 Parate	CHIEF MEDICAL EXAMINER	
		SIGNATURE THEN J. Brochav		DATE SIGNED
)		EXAMINER'S TRANSPORT	DEPUTY MEDICAL EXAMINER 2 2 2 2	4-2_
-	22=	B. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Street, city, town, or county)  CREMATORY 22d, LOCATION (City, town, or country)	(Stete)
	2 2 6	REMOVAL (Specify)		
i	22	Burial 2-6-62 Arlington Natio		Virginia
		FUNERAL DIRECTOR Raymond a. Ziska ADDRES 8 434 Geo:	ISTA AVE	
	Wa	arner E. Pumphrey, Inc. Silver Spring, M.	d. DATE FEB 6 '62 Cultury S. 17	CHANGE

# FOR STATE **HEALTH DEPT.** TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executs. Certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for parted to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained if our files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12138MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12121

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
1	a. COUNTY MARYLAND	a. STATE b. COUNTY m en la
1	b. CITY OR TOWN (if outlide corporate limits, c. LENGTH OF STAY IN 1b write RURAL and pick nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
N		Y B. Fl A.
J	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sweet eddress)	d. STREET ADDRESS   e. IS RESIDENCE
	d. NAME OF HOSPITAL OK WISTITOTION (II not in nospital, give size a dorass)	ON A FARM?
	5300 Westband Rd. apt 348	5300 Westband Rd-apt 348 YES NO 1
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print)	DEATH A 2 1967
1	5. SEX   6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8.	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	male what WIDOWED DIVORCED	1-21-1905 Sy yrs. Months Days Hours Min.
1	7.1002	Y   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, evan if retired)	11 A)
	Engeneer aval. Higrey	NE. 11.5,2.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Jas A Roleson	Keti S. Drew
	15 WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. I	NFORMANT 472 Address Buckey RO
	No (Ifyasgive war ordales of service)	Stuart Roberon ma Lean Va
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	1 INTERVAL BETWEEN
Н	PART I. DEATH WAS CAUSED 8Y:	ONSET AND DEATH
1	14 MMEDIATE CAUSE (a)	yaresauce Theursteiney 10
	DUE TO	1. (Da la HARANIII)
	Conditions, if any, which (b)	y Cherioseleiozes
	gave rise to immediate cause (e), stating the underlying  DUE TO	
	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
4	TA T	PERFORMED? YES NO O
1	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (E	inter nature of injury In Pert I or Part II of item 18.)
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING    CAUSE OF DEATH.	
		CE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
	Hour a.m. While Not While fact	ory, street, office bldg., etc.)
	p.m. 19   at work   al work	
	21. I certify that I took charge of the remains described above, he	Id an Autopsy X, Inspection , Inquiry , and in my opinion
J	death resulted from: Natural causes . Accident . Suici	de . Homicide . Undetermined manner .
		CHIEF MEDICAL EXAMINER
	ACTUAL TOUR A O SAME TOUR	ASSISTANT MEDICAL EXAMINER DATE SIGNED
£	SIGNATURE WHEN SIGNATURE	DEPUTY MEDICAL EXAMINER 2 - 3 - 6 2
	NAME (Type) FLANK T. Bro-Schaux	Address (Streat, city, town, or county)
*	220. BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY OR	
	Burial 2/7/62 Arlington Na	at. Cem. Arlington, Virginia
1	Burial 2/7/62 Arlington Na 23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
		- 100
	Robert A. Pumphrey, Bethesda, Mai	ryland DATEFER 9 '62   Chilling S. Minus

# by the funeral

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

00400

UZ	1139	Item O Film	302 2/19	162 jule		UK	122
1. PLACE OF DEATH				NCE (Where deceased			ca before admission
Montgomery		MARYLAND	Maryland		Montgo	mery,	
b. CITY OR TOWN (if outside co		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate lin			nearast town)
Gaithersburg,	st town)		X Rockvil	le.			
d. NAME OF HOSPITAL OR INS	TITUTION (if not in ho	spital, give street address)	d. STREET ADDRES				. IS RESIDENCE
Pleasant view	nursing H	ome	Horners	Lane			YES NO
3. NAME OF	First	Middle	Last	4. DATE	Month	Day	Year
DECEASED (Type or print)	ANDERSO	N	ROSS	OF DEATH	Feb.	3.	19 62
5. SEX 6. COLOR			DATE OF BIRTH		(In years   IF U	-	IF UNDER 24 HRS
male color			April 4, 18	382 79 80	irthday) Moi	nths Days	Hours Min.
10a. USUAL OCCUPATION (Give a done during most of working life, e Laborer	ven if retired)	KIND OF BUSINESS OR INDUSTR	Maryland		country) 1	U.S.	A .
13. FATHER'S NAME	,		14. MOTHER'S MAIDE	N NAME			
Alfred	Ross	The state of the s	Adelai	ine Warren			
15. WAS DECEASED EVER IN U.S.		SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
(Yes, no, or unkown) (Ifyesgivewa	rordates of service)						
Conditions, if eny, which geve rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICA	(0)	tastasis	To 14 €				9. WAS AUTOPS
OT V	1000						PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.8)  PERFORMED?  YES NO  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  UNDERLYING CAUSE OF DEATH  UNDERLYING CAUSE OF DEATH  UNDERLYING CAUSE OF DEATH  UNDERLYING CONTRIBUTING CAUSE OF DEATH  UNDERLYING CAUSE OF DEATH  U							
20c. TIME OF INJURY Mon Hour a.m. p.m.	th, Dey, Yeer 20d Whi 19 at wo	le Not While fact	CE OF INJURY (Home, fory, street, office bldg., o		rn)	(County)	(Stele)
21. I certify that (I) (t saw the deceased alive	on Feb	nded the deceased from 1	death occured at	19.6/ to Fe	causes and		
220. SIGNATURE	. I. Les	el m	.D. ATTENDING PHYS.		22b. DATE SIGNE		
22c. PHYSICIAN'S NAME (Type)	ciduo	1. Lea1	Ga (	hers bu	178	4	
230. BURIAL, CREMATION, 23b. REMOVAL (Spacify) Burisl	2/7/62	Lincoln Park	Cem.		ckville	Md-	(Stata)
24 FUNERAL DRECTOR'S SIGNAT	URE	ADDRESS	25a. I	REC'D BY REGISTRAR	25b. REGISTI	RAR'S SIGNA	TURE
Robert L. Sno	wden	Rockvålle.	Md DATE	FFR 1 3 '62	with	w1 8. 9 Cm	aud.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician.

RECTOR: After this certificate has been signed by the attending physician and completely fill, though be detached for use as the burial-transit permit. Then please remove carbon papers. Pale State Dept. of Health prior to burial, cremation, or remoyal, and in any event, within 72 hours. director, page be filed with th TO FUNERAL death. Page VR A15 (4) 15M 7/61

TO HOSPITAL

551319 V Tacumbros 10517 Web. CALICOTING SAMES to the second se . Kol K made throlloom of w 28 ridelaine offeren 

VR A15 (4) 1SM 7/61

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02140 CERTIFICATE OF DEATH 02123

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Res	idence before edmissign)
*. COUNTY  /YOUTE 12 / MARYLAND	e. STATE /) 6. COUNTY	V
b. CITY OR TOWN (it outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive neerest town)
write RURAL and give nearest fowh)	0 20 46	1x.3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
1 1004 405 4 04 5	MIP CONFTU DIE ON	ON A FARM?
3. NAME OF First Middle	Last OGLE THORPEST M	Day Yeer
DECEASED	ubinten DEATH 2	11 1962
Levies V	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YI	
7. MARKIED LINEYER MARKIED L	Last birthday) Months Da	
106. USUAL OCCUPATION (Give kind of work   106. KIND OF BUSINESS OR INDUST	YHR CH = 1983   Syrs.	N OF WHAT COUNTRY?
done during most of working life, even if retired)	in Birtherace (county & siele, or toleigh county)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	· 2. H
UNKNOWN	UNKNOWN	1/1/100
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or inkown)   (Ifyes give wer or detes of service)	INFORMANT Address	MYAUSIN
NO - NONE SA	MINUEL KUBINTON 835 FAIR	2 OAK AVE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cerebral	Thrombosis	4 weeks
DUE TO		, /
	Arteriosclerosis	4 year.
geve rise to immediate cause (a), stating the underlying  DUE TO		CHARLE TO
cause last. (c)		
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
Diabetes mellitus		YES NO
	D. (Enter neture of injury in Pert I or Pert II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ACE OF INJURY (Home, farm, 2Df. (City or town) (Count tory, street, office bldg., etc.)	y) (Stete)
Hour e.m. While Not While at work at work	crory, street, office bidg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	3/2 1957 10 2/11 196	2, that (I) (we) last
saw the deceased alive on 2/11 19.42 and that	It death occured at 7. 4.M., from the causes and on the	
22e. SIGNATURE		22h DATE
	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	2/11/62 SIGNED
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) Inving W. Winik	3900 mckinley St.n.	V,
23a BURIAL, CREMATION, 23b. DATE THEREOF 230 NAME OF SEMETERY	OR CREMATORY 230 LOCATION (City Jown or countal	(Stete)
DEMOVAL (Spacify) 2/13/6/ 40 60 DC	SE (EM WOSh D)	
24 PUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SH	GNATURE
Loo Nosa tellers / tome 4217-9	" Kee DAFES 13 '62 Circling S. Ha	att A
The state of the s	A. IM	neo/m.

he such is those that he is

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL CRECTOR: After this certificate has been signed by the attending physician and completely filling by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Per and 2 specific be filed with the State Dept. of Health prior to burial, cremation, or removal and event, within 72 hours after death. VR A15 (4)

15M 7/61

	MARYLAND	STATE D	EPARTMENT	OF HEALTH
VISION OF STATISTICA	I DECEADON AN	ID DECORD	S 201 W DDEST	TON STREET R

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02124

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased lived, I		e before admission)
a. COUNTY Montgomery	MARYLAND	e. STATE	b. cou		V
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	Virginia c. CITY OR TOWN (	If outside corporata limits, wr	ta RURAL and give n	naarest town)
write RURAL and give nearest town)		1	rndon	IEV	_1
d. NAME OF HOSPITAL OR INSTITUTION (if not in	12 yrs	d, STREET ADDRESS		100	e. IS RESIDENCE
a. NAME OF HOSTIAL OR MATHORION (II BOT M	nospeat, give siteel educess,	d. SIRELI ADDRESS			ON A FARM?
Y 11-11					YES NO K
3. NAME OF First DECEASED	Middle	Last	4. DATE Mon	th Day	Year
(Type or print) Mary	Francis	Rutter	DEATH	oh 24	19 60
5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In year last birthday)		IF UNDER 24 THES.
Female White WIDO	WED DIVORCED	June 7 18	78 83.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Cour	ity & State, or foreign country	12. CITIZEN O	WHAT COUNTRY
13. FATHER'S NAME House keepin	gOwn home	Fairfax C	o Virginia	U.S.	
Henry Rutter		Francis	Lanham		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (Ifyes give wer or detes of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	55	
(1793 give were deles of service)	Ch	arles Rutte	r, Poolesvill	e.Marvlan	d
18. CAUSE OF DEATH (Enter only one cause )	per line lor (e), (b), end (c).]			INT	ERVAL SETWEEN
PART I. DEATH WAS CAUSED BY:	nfluenza,	Tipa Una	letermined	OH	SET AND DEATH
IMMEDIATE CAUSE (a)	ris inchzal	7			Janya
DUE TO					
Conditions, if eny, which (b)					
(e), stating the underlying DUE TO					
cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS				IVEN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
Ayteriocleratic	Cardiovascu	lar diseas	96	1	ES NO
200. ACCIDENT WAS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURED	). (Enter nature of injury in	Pert I or Part II of item 18.)	,	
Hour a.m.		ACE OF INJURY (Home, farm tory, street, office bldg., etc		(County)	(State)
		21 1000	1954, 10 24 FG	6. 10/2 1	h-4 (1) () l-4
21. I certify that (I) (this hospital) at		0.1	4.60		
saw the deceased alive on	19.9, and that	deeth occured at/	A.M. from the causes	and on the da	
228. SIGNATURA	tti "		MED. STAFF PHYS.		22b. DATE SIGNED
22c. PEVSICIAN'S NAME (Type)		22d. ADDRESS	inesville		Md.
Gordon M. Smith				<u> </u>	
236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Spacy) 2/27/62	Cheshut Gr		Herndon		(Stete)
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256. R		TURE
Contacte Caltalta	N Barnesville				
Contract of Great	Barnesville,	Md DATE	2 8 '62 C	Jac 2. King	<b></b>

guod am -- natabol sauol

7,7,600,310

Poolesville

Pometer White

Eliel. L. nob'rob

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STATE TOOLS

Paintex Co.Virginia L.S.

Educia Lantina

Charles Julier, Profesyllie, sery Land

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by the funeral

may be retained by the hospital or attending physician.

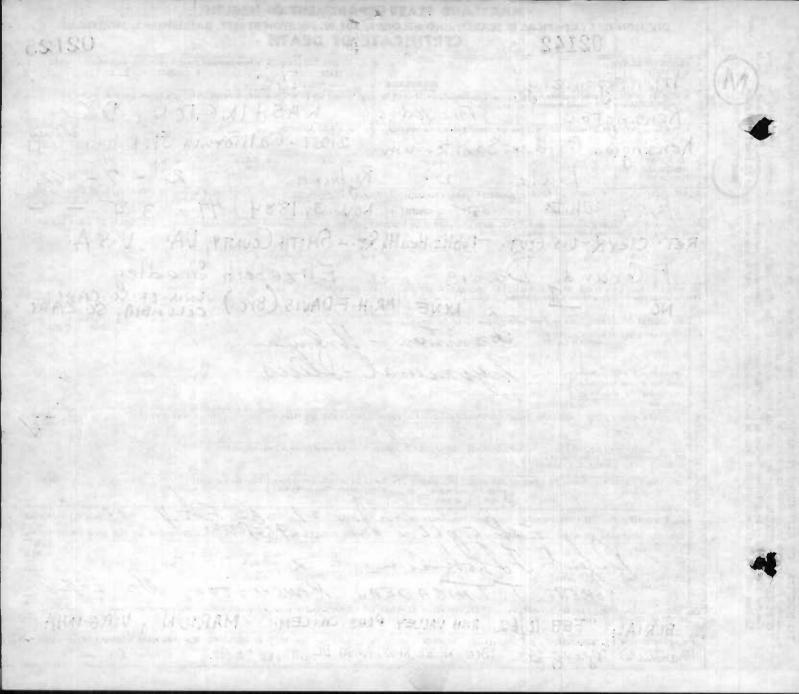
\*\*RECTOR: After this certificate has been signed by the attending physician and completely fill should be detached for use as the burial-transit permit. Then please remove carbon papers. P should be detached for use as the burial-transit permit. Then please remove carbon papers. P State Dept. of Health prior to burial, cremation, or removal, and in any event, wilklin 72 hour death. Page 4
TO FUNERA
director, page
be filed with the

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after VR A1S (4) 15M 7/61

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02142 CERTIFICATE OF DEATH 02125

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, If institution, Residence before admission)
a. COUNTY	e. STATE D. COUNTY
b. CITY OR TOWN (if obtains corporate limits, c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL end give nearest town)	
Kensington mo. 10 days	WASHINGTON, DICTYX
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS ON A FARM?
Kensington Gardens Sanitorium	2127 - Calliernia JT, N.W. YES NO
3. NAME OF first Middle	Last 4. DATE Month Dey Year
(Type or print)	Ruburn DEATH 2 - 7 - 1962.
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	DAGE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
EMALE WHITE WIDOWED DIVORCED	NOV · 3 1884 77 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
RET Clerk-U.S. Gout - Public Health S	er - SMITH COUNTY VAI USIA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
F Cours I Dayle	Flinghoth Snadley
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II	FIZABELL SHARLEY
(Yes, no, or unkown) (Ifyes give waro(d) tas of service)	- 1 - 1 min or co. capa.
NO NONE PIK	H.F.DAVIS (Bro) COLUMBIA, SO, CARO
18, CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e).	Mary M
DUE TO	1 1/2
Conditions, if any, which ) (b) Allaneumal	- Wills
gave rise to immediate cause	- July
(e), stating the underlying DUE TO	
cause last. (c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
15	YES NO M
206. ACCIDENT WAS UNDERLYING _   206. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING _ CAUSE OF DEATH UT (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Pert I or Pert II of item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	rry, streat, office bldg., atc.)
p.m, 19 et work af work	
21. I certify that (I) (this hospital) attended the deceased from	Jan 2/ 1962 to 10 1 196 4 that (1) (we) last
	death occured at Just from the causes and on the date stated above,
22a. SIGNATURE.	ATTENDING MED, STAFF SIGNED, PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type ROBERT T. THIBADEA	U KENSINGTON, MD 2-1-62
	OR CREMATORY 23d, LOCATION (City, town or county) (State)
BURIAL FEB-10/62 RICH VALLEY PI	RESICH. CEMI MARION, VIRGINIA
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
martin w . Ayeng 60, 1300-N 80. N.W.	VASH. DU DATE FEB 13 '62 Ciriling S. Krous



# in by the funeral 1 and 2 should fer death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERACY CARCTOR: After this certificate has been signed by the attending physician and completely fills director, page. Should be detached for use as the burial-transit permit. Then please remove carbon papers. Per be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

TO HOSPITAL

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02143	CEKTIFICAT	E OF DEATH		
1. PLACE OF DEATH a. COUNTY	AND DEVENOR	2. USUAL RESIDENCE (Who	b. COUNTY Mon	esidence before admission)
Mont gornery County b, CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b		corporete limits, write RURAL and	
write RURAL and give neerest town)		IM BETHESDA		
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street eddress)	d. STREET ADDRESS	72 / 1	. IS RESIDENCE
RESMOR HOSpitAl		5100 BRARL	ey southern	YES NO
3. NAME OF First DECEASED	Middle	Last 4. DF	· —	Dey Yeer
(Type or print) to 110		14101105	19. AGE (In yeers   IF UNDER 1	YEAR   IF UNDER 24 HRS.
1 00010 11111	NAMES NAMES NAMES	B. DATE OF BIRTH	last birthday) Months	Days Hours Min.
		Jan. 31, 1891		ZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		RY 11. BIRTHPLACE (County & Sta		
	J. S. Governme			JSA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
George Washington Sab		Elizabeth F		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (Ifyesgivewerordatesofservice)		INFORMANT	Address	
Yes W.W.I		da E. Sabine-Wif	e-Same Item #2	
18. CAUSE OF DEATH [Enter only one ceuse	per line for (a), (b), end (c).	1	4327	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	I erminal 1	roxesto pue	umonia	3 aq
DUE TO	0 1 1			Hda
Conditions, if any, which (b)	creppal	THROMBOSA	5	1 uu
gava rise to immediate cause (e), stating the underlying  DUE TO				
cause lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
3 amvotraphic	· loteral so	1/005+5	10 1/KS.	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS  MYDIA HIC  20a. ACCIDENT WAS PRIDERLYING (1)  OR CONTRIBUTING (1)  EXIST CONDITIONS  OR CONTRIBUTING (1)  OR EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURE	O. (Enter neture of injury in Pert I or	Pert II of item 18.7	
20c. TIME OF INJURY Month, Day, Year   2			. (City or town) (Cou	nty) (Stete)
	While Not While fac	tory, street, office bldg., etc.)	/	
21. I certify that (I) (this hospital) a		MAN 22.195.	Ho FC 1 75 19	6 that (I) (we) last
21. I certify that (i) (this hospital) a	HOT 1062 and the	t death occured at 15 P.M.		
saw the deceased alive on		death occured of	Hom the causes and on	22b. DATE
228. SIGNATURE	ayle M.S.	ATTENDING MED.	OR PHYS.	7-25-62
22c. PHYSICIAN'S NAME (Type) File QUO	Alle Mill	1822BIH	more STNW,	NashingtonII
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town or count	y) C(State)
Burial (Specify) March 1,	1962Mt. Hebron	V	Vinchester	Virginia
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REGISTRAR 256. REGISTRAR'S	SIGNATURE
Robert A. Pumphrey	Bethesda, Mary	yland DATE MAR	1 '62 arthur	8. Krous

il .

W. U. S. Government Nebranka

Yes W. W. I . None Ada E. Sabine-Wile-Same Light #2

MAY 22 54 708 25 62 1

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EMPLEASED TO THE SOLETES SEE STATES

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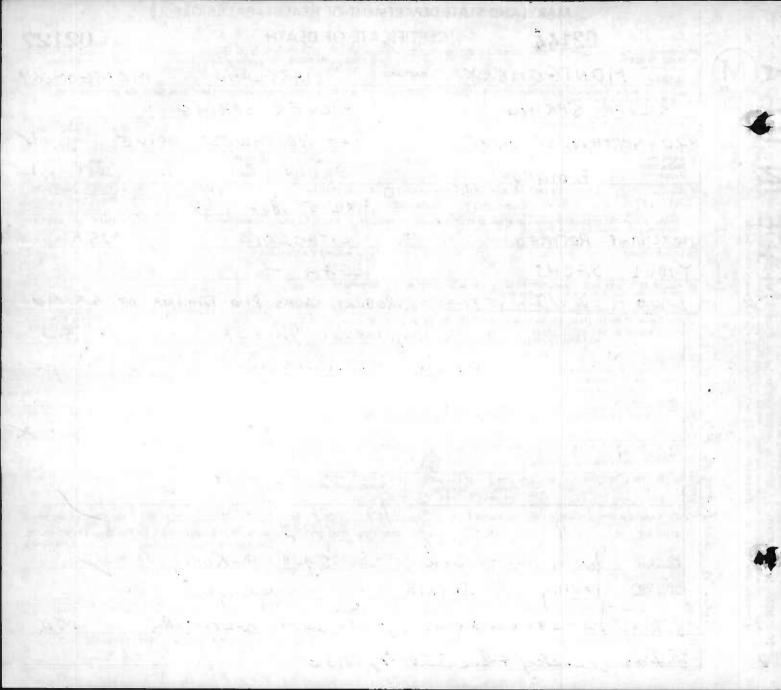
Buchel ... Leaset, Habron

Costi A. sumprio, Bothesta, maryland

Reg. Dist. No.02127 directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed DNTGOMER b. COUNTY MARYLAND MONTGOMERY death. eral b. CITY OR TOWN (If outside corporate limits, write pe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) SPRING SILVER SPRING SILVER d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 5 20 - NORTHWEST NORTHWEST DRIVE YES NO V 0 c NAME OF Middle Manth filled DECEASED OF DEATH achs (Type or print) 196 oges 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last birthday) Manths DIVORCED | WIDOWED | 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) Cam 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) MERCHANT- RETIRED USA LITHUANIA puo corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician SACHS DEL LEAH move WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address DR. S.S. MD -2270ROBERT SACHS-8110 TAHONA ottending 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 9 Canditians, if any, which signed gave rise to immediate per DUE TO couse (a), stoting the underpuo lying cause last. burial-transit been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER AL SO 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) Haur o.m. While Nat while at work ot wark 1950 1 de 2 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 3 alive an M, fram the causes and an the date stated above. ADDRESS (Street, city ar tawn, state) ACTUAL SIGNATURE D.Y should TO FUNERAL D PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) 22a. BURIAL, EREMATION, (State) REMOVAL (Specify) тоу EMUNAH CEM. he BALTIMORE 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) arthur & Kraya 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

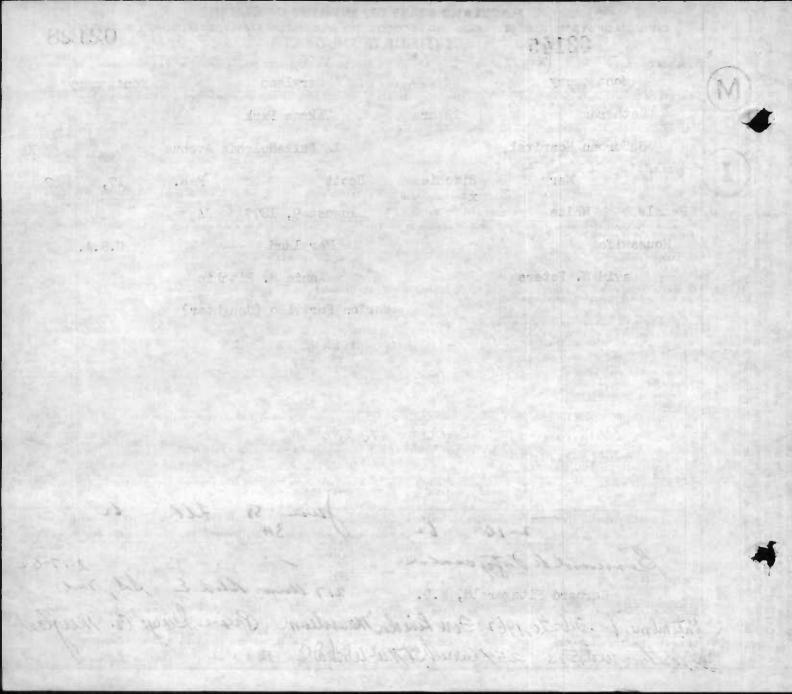


15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (12145) CERTIFICATE OF DEATH

e. COUNTY		CTATE	b. COUNTY	201100 201010 0 211110010117			
Montgomery	MARYLAND	• Stallarylan	d Montg	omery			
b, CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Bethesda	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	outside corporate timits, write RURAL and gi	ve neerest town)			
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE			
Suburban Hospital		14 Philad	elphia Avenue	YES NO TO			
3. NAME OF First DECEASED (Type or print) Mary	Ritchie			y Yoor 1962			
5. SEX   6. COLOR OR RACE   7. MARRI	FD NEVER MARRIED 1 8	. DATE OF BIRTH	9. AGE (In yeers   IF UNDER 1 YEA				
Female White widow		August 9. 1	877 84 yrs. Months Dey	s Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working tite, even if retired) Housewife	KIND OF BUSINESS OR INDUSTR		y & State, or foreign country) 12. CITIZEN	S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N					
David W. Peters		Annie S	. Ritchie				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give we ror detes of service)	SOCIAL SECURITY NO. 17. 1	rian Portillo	(daughter)				
1B. CAUSE OF DEATH [Enter only one ceuse per			(0000001)	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	Bronchopnen	monta, ec	ally	ONSET AND DEATH			
Conditions, if any, which	a way in the same of the same						
geve rise to immediate ceuse	geve rise to immediate ceuse						
(a), steting the underlying DUE TO							
(6)	NTRIBUTING TO DEATH BUT NO	of related to the termin.	AL DISEASE CONDITION GIVEN IN PART 1(e	19. WAS AUTOPSY PERFORMED?			
PART II. OTHER SIGNIFICANT CONDITIONS CO  CARCINO MAG  200. ACCIDENT WAS UNDERLYING   20b. DE:  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	Enter neture of Injury in Po	ert I or Pert II of item 18.)				
20c. TIME OF INJURY Month, Dey, Yeer 2Dd. While Mour a.m. 19 et wo	e Not While fect	CE OF INJURY (Home, ferm, fory, street, office bldg., etc.)		(Stete)			
21. I certify that (I) (this hospital) atters saw the deceased alive on				, that (I) (we) last date stated above.			
Demand a Dife	- acales	ATTENDING M	ED. STAFF RECTOR PHYS.	22b. DATE SIGNED 2-17-62			
22c: PHYSICIAN'S NAME (Type) Bernard Fitzger	ald, M.D.	217 Um	. Blook E. As,	med.			
230. BURIAL, CREMATION, 23b. DATE THEREOF ENLINE MENT 34. 20,1962	3c. NAME OF CEMETERY	Mausoleum	Prince Llarge Cy.	Merylan!			
24 FUNERAL DIRECTOR'S SIGNATURE SHOrther Walters 259	Carroll St. M.W.	- Lebsled Coate FE	D BY REGISTRAR'S SIGN D 2 0 '62 Chilling S. 9	//			



# by the funeral OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after AECTOR: After this certificate has been signed by the attending physician and completely filled ECTOR: After this certificate has been signed by the attending physician and completely filled should be detached for use as the burial-transit permit. Then please remove carbon papers. Pasitionld be detached for use as the burial-transit permit. Then please remove carbon papers. Pasite Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. death. Page 4.5 TO FUNERAL director, page? VR A15 (4) 15M 7/6t

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02146 CERTIFICATE OF DEATH 02129

	PLACE OF DEATH a. COUNTY			2. USUAL RESIDEN	CE (Where deceas			ce belore adr	nission)
Montgomery MARYLAND			a. STATE Vi	rginia	b. COUNTY		/_		
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)						
Bethesda (Rural) 60 days			Arli	ngton		83X	.3		
ì	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in he		d. STREET ADDRESS				e. IS RESI	
	U. S. Nav	val Hospital		813 Sou	th Veitch	n Stree	t	-	10 💢
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Yeer	
	(Type or print)	Bertha	Christi	na Sergeant	OF DEATH	Febru	ary 27	19	62
5.	SEX	6. COLOR OR RACE 7. MARR	IED X NEVER MARRIED	B. DATE OF BIRTH			UNDER 1 YEAR	IF UNDER 2	
	emale	Caucasianvibow		February 26,		1 11	Nonths Deys	Hours	Min.
10a	n. USUAL OCCUPATI one during most of wor	ON (Give kind of work king life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & State, or forei	ign country)	12. CITIZEN C	OF WHAT CO	UNTRY?
	Housewife	9		Washin	gton		U	SA	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	John G. Ca	arlson		Olivie	Bahlblon				
			SOCIAL SECURITY NO. 17.	INFORMANT		Address			
(10	No No	yes give war or dates of service)	н	USBAND: Russe	11 C. Se:	rgeant.	Same a	s #2	
	the state of the s	EATH [Enter only one cause per		ODDIND. INCOO	LL 0. Do.	900110)		TERVAL BETW	EEN
		WAS CAUSED BY.					O	NSET AND DE	
	150	MMEDIATE CAUSE (0)	ranoma p	ancuar				6 000	25 1
	101	DUE TO							
	Conditions, if eny	1-1							
	gave rise to immedia (e), stating the un	> DUE TO							
	cause last.	) (c)							
Z	PART II. OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN	IN PART 1(e)	19. WAS AU	
CATION	TO THE OWNER						7 11	YES N	O X
FIC	20a. ACCIDENT WA	AS LINDERLYING TO 1 20h DI	ESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in	Pert I or Pert II of i	tem 18.)			LA
CERTI	OR CONTRIBUTING	CAUSE OF DEATH	the state of the s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
MEDICAL	20c. TIME OF INJU	RY Month, Dey, Yeer 20d		ACE OF INJURY (Home, farr ctory, street, office bldg., etc		town)	(County)	(S	tete)
ME	p.m.	19 et w							
		nat 10) (this hospital) atte							
	saw the deceas	ed alive onFeb2	271962 and the	at death occured atl.:	.25AMrom th	e causes ar	nd on the d	ate stated	above.
	22a., SIGNATURE	_ /	1	ATTEMORIE	MED.	STAFF		22Ь.	DATE
	Verno	~ n Hou	h	M.D. PHYS.		PHYS.	Februar	y 27,	1962
	22c. PHYSICIAN'S NAME (Type)	TERMINAL ST. TE	OURS TODD MO HO	22d. ADDRESS				3.63	
	1,7,7,7	VERNON N. H	OUK LCDR MC USI	U. S. Na	aval Hosp	ital, l	etnesa8	a, Ma.	
23	a. BURIAL, CREMATI-	- 1 1.	23c. NAME OF CEMETERY		23d. LOCATIO			(Stet	(e)
	Burial	3/2/62		n National		-	on, Virg		
24	FUNERAL DIRECTOR	S STENATOR Damin	ADDAFingto	n, Va. 25a. RE	C'D BY REGISTRA				
A	rlington f	uneral Home, 39	001 N. Fairfax	Dr. DATE	AR 5 '62	Cin	ihun S. Kr	u.A.	
-									

A AUGIST DO Hose Mayor Hoteltan SERVICE CONTRACTOR OF THE SERVICE OF STATE OF THE CONTRACTOR OF THE PROPERTY المستورة مساهل والمن المالي والمالية المالية المالية المالية المالية المالية المالية المالية المالية المالية ا

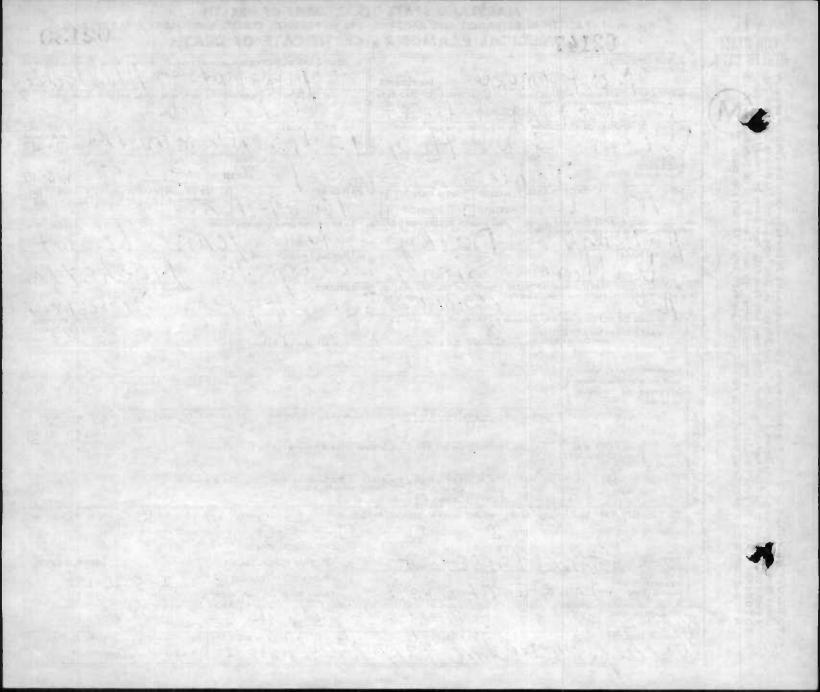
# dector. Page for files. is necessary, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executed principle, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be for parded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL SIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boa or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF THEATH.

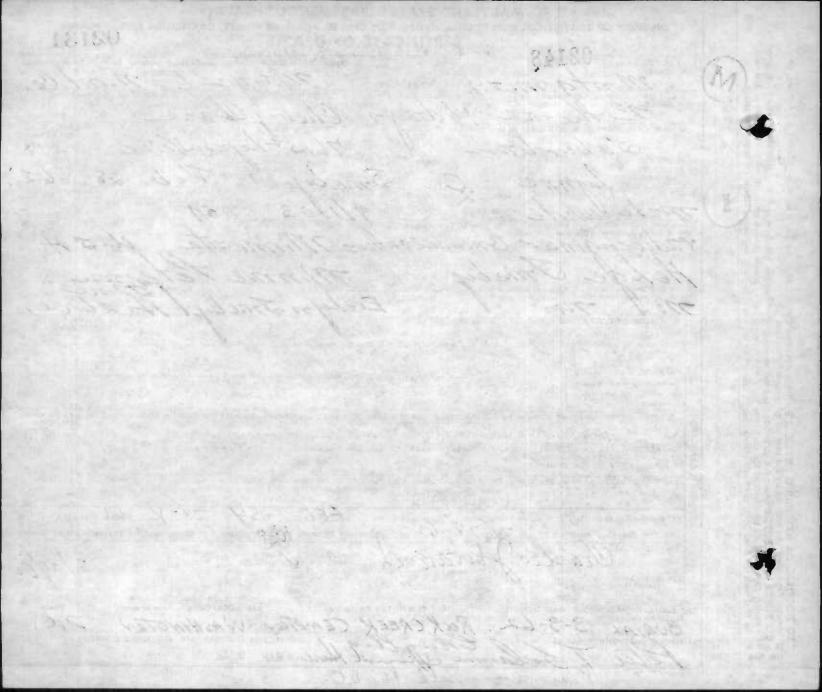
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2130

1	68141
	1. PLACE OF DEATH  e. COUNTY  a. STATE  D. COUNTY  1. PLACE OF DEATH  e. COUNTY  b. COUNTY  1. PLACE OF DEATH  e. COUNTY  b. COUNTY  1. PLACE OF DEATH  e. C
-	MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN) (If outside corporate limits, write RURAL and give neares hown)
-	ak OMA PAR DI CAT 34 Cheat ON  od. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give ptrept address)  I d. STREET ADDRESS  (10) e. IS RESIDENCE
9	Wash SANT HOSP 12412 Wate wood WYES NOW
=	3. NAME OF DECEASED Aiddle Last 4. DATE Month Day Year
	(Type or print) 10010S SIEGE DEATH 3 1962
	5. SEX  6. COLOR OR, RACE 7. MARRIED   8. DATE OF BIRTH  WIDOWED   DIVORCED   9. AGE (In years   F UNDER 1 YEAR   1F UNDER 24 HRS.    WIDOWED   DIVORCED   19. AGE (In years   15 UNDER 1 YEAR   15 UNDER 24 HRS.    WIDOWED   DIVORCED   19. AGE (In years   15 UNDER 1 YEAR   15 UNDER 24 HRS.    WIDOWED   DIVORCED   19. AGE (In years   15 UNDER 1 YEAR   15 UNDER 24 HRS.    Hours   Min.
	106. USUAL OCCUPATION (Give kind of work done daying most of working life, even if retired)  106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  107. CITIZEN OF WHAT COUNTRY?
1	13. FATHERAS NAME 1
1	William Diegel Ciugusta Hechstin
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  (Yes, ng/or µnkown)   (Ifyesgivewerordetesofservice)   6.2   7. (22)
=	16. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
	PART I. DEATH WAS CAUSED BY:
1	MMEDIATE CAUSE (a) COMMUNI OCCUSION  DUE TO
	Conditions, if eny, which (b)
	geve rise to Immediate cause  (e), stelling the underlying  DUE TO
	cause lest. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO 200. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED Hour e.m.  p.m. 19   Work   et work   et work   et work
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
	death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner
	ACTUAL ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	SIGNATURE MUNT AND M.D. ASSISTANT MEDICAL EXAMINER
	EXAMINER'S FLANK J. BLUSCh2H Address (Street, city, town, or county)
1	120. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22 TOCATION (City, lown, or country) (State)
1	BURIAL MONTEFIORE CEM. GUEENS, N.Y.
	ADDRESS ADDRESS 24. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 1.3 '62 Commy 8. Those
K	Taldelig Tillia Hare T21/-9-Regarten 13 62 Crima & Thomas



**PRESTON STREET, BALTIMORE 1, MARYLAND** DIVISION OF STATISTICAL RESEARCH AND PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporeta limits, write RURAL and give peacest town) c. CITY OR TOWN (If outside corporets limits, write RURAL end give neerest town) LENGTH OF STAY IN 16 . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Y completely papers. 3. NAME OF Middle Yeer DECEASED (Type or print) DEATH 19 6 AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 8. DATE OF BIRT fest birthday) and Months Hours WIDOWED DIVORCED 3 10a. USUAL OCCUPATION (Give kind of work physician 12. CITIZEN OF WHAT COUNTRY? 10h KIND OF BUSINESS OR INDUSTRY remove done during most of working life, even if retired) 13. FATHER'S NAME ding 16. SOCIAL SECURITY NO (Yes, no, or unkern) | (Ifyesgivewerordetesofservice) -ve/a INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse fest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? trupentensive heart disease NO F 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stete) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg., etc.) Not While While Hour a.m. at work et work 21. I certify that (1) (this hospital) attended the deceased from...... 19.6.2 and that death occured from the causes and on the date stated above saw the deceased alive on ..... 22b DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR FUNERAZ 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) (State) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) OL REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 CONCEDATE MAR Civing & Trans

MARYLAND STATE DEPARTMENT OF HEALTH



DYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where decesed lived, If institution: Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY a. STATE Montgomery C. D. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Washington Bethesda (Rural) 8 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 3744 Huntington Street YES NOX Hospital U. S Naval 4. DATE Middle Yeer DECEASED OF (Type or print) DEATH 19 62 February 5, William George Smith 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months 7875 WIDOWED Y DIVORCED Male August 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Ireland Retired Naval Officer
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Smith
5. WAS DECEASED EVER IN U.S. ARMED FORCES? Mary Armstrong 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service SON: William G. Smith Jr., Same as INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cancer Prostate with metastasis IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While Hour e.m et work et work p.m 62 to Feb. 21. I certify that A (this hospital) attended the deceased from Jan. Feb. 5 162, and that death occurred at 11:00 AMm the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING MED STAFF February DIRECTOR PHYS. PHYS. 02

22d. ADDRESS

U. S. Naval Hospital, Bethesda, Md. 23d. LOCATION (City, town or county)

Arlington, Va.

arthur S. House

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

(Stete)

LT MC USN

PUMPHREY Funeral Home, 7557 Wisc. Ave. DATE FE

23c. NAME OF CEMETERY OR CREMATORY

Arlington

Beth., Md

been signed by burial-transit aftending has y be retained by the hospital or a ECTOR: After this certificate ha fould be detached for use as the buri 0 prior OR death. Page 4 15M 7/61

funeral

the day

by th

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and

physician

physician.

requires that the

remove

please

Then

.5 and

removal.

CERTIFICATION

22c. PHYSICIAN'S

REMOVAL (Specify)

Burial

MAME (Type)

2/ FUNERAL DIRECTORS SIGNATURE

23e. BURIAL, CREMATION, 23b. DATE THEREOF

2-9-62

within 24 hours after

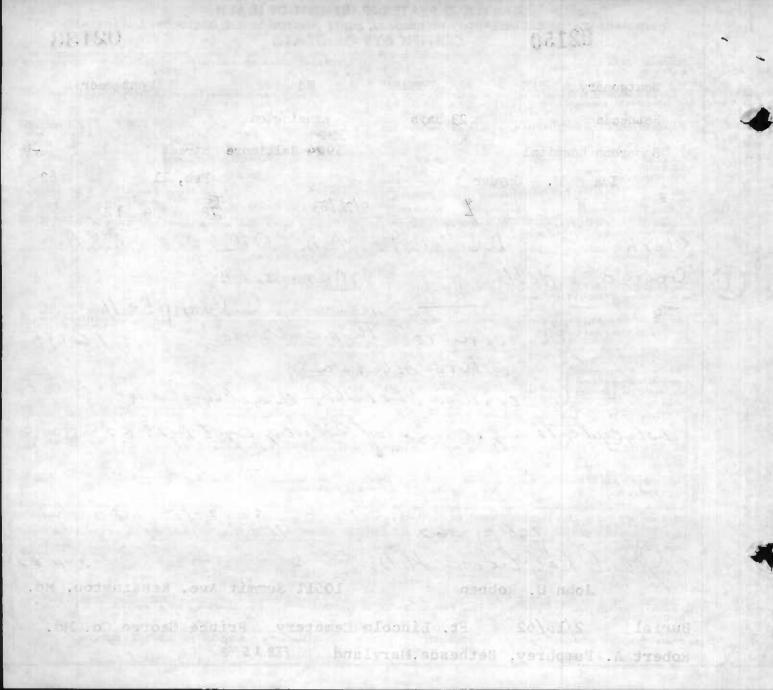
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51.730 03183 Legisland Lewis .a. . ti The state of the second Test of the state The factor will be standed to the and Some of the second Document. Bus remark of the UTX . U. I. N vol to select, de moute, to dolumni Bech , MA , we was treatment or Linescon, Va. ROBERT . FURTHER FUNCTED Home, 1957 HISCHARD, 1888

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02133

1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
		a. STATE b. COUNTY Montgomery
)	Maryland b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest Jown)  MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
, -	Bethesda  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	42 Kensington
1		e. Is RESIDENCE ON A FARM? YES NO
=	Suburban hospital	3924 Baltimore Street
	DECEASED	OF
	(Type or print) Ida M. Snyder	DEATH Feb, 11 1962
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.  Months   Days   Hours   Min.
	WIDOWED DIVORCED	9/26/83 78 yrs. 4 12 hours min.
	10b. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	Y 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Clerk D.C. Coort.	Wash D.C. Mas H.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	George Hill	Moredith
4	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
	No.	lece - C. Camphell
-	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	hours onset and DEATH
	442 X DUE TO + 0	
3	Conditions, if any, which (b) arbero sell	ous
	gave rise to immediate cause	0 00'
	(e), stating the underlying DUE TO Cause last,	cular penaldisland
4		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
9 3	chel puterto	Thiduly cyst 1-29-62 YES NO 19
	20e. ACCIDENT WAS UNDERLYING TI 201 DESCRIBE HOW INJURY OCCURS	. (Enter neture of injury in Pert I or Jant II of item 18.)
1000	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CLUB CONTRIBUTING TO DEATH BUT NO COURSE OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, talled library in the property of home tally
	t <sub>i</sub> .	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata)
1	Hour e.m. While Not While fact	ory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	1-19- , 156.2 to 2-11- , 196. Zhat (1) (we) last
		death occured at
	220. SIGNATURE	22b. DATE
	What Kalden M. D.	D. PHYS. DIRECTOR PHYS. 2-11-62
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Typo) John O. Robben	10511 Summit Ave. Kensington, Md.
3	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 2/15/62 Ft. Lincoln	n Cemetery Prince George Co. Md.
- 3	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cemetery Prince George Co. Md.
1	Robert A. Pumphrey, Bethesda, Mary	arrante d'an en a
	Model III I dispiled, be died daylary	DAIL TONIE



15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02151 CERTIFICATE OF DEATH 02134

	PLACE OF DEATH a. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDEN	nnsylva	F COIN		sidence bet	ore admission)
		b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town).			e RURAL and	give neeres	t town)		
		a (Rural)	6 days	Cle	arfield	d	7.	5x.	3
	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS	5				IS RESIDENCE ON A FARM?
	U. S. N	aval Hospital		9 Apple	Street				NO X
3	NAME OF DECEASED	First	Middle	Last	4. DATE	Mont	h	Day	Yeer
	(Type or print)	John	E. D.	Snyder	DEAT	H Feb	ruary 2	20,	19 62
5	SEX	6. COLOR OR RACE 7. MARRIE	D X NEVER MARRIED   8.	DATE OF BIRTH		9. AGE (In years			NDER 24 HRS.
	Male	Caucasianwhowe		May 10, 19	20	last birthday) 41 yrs.	Months De	eys Hou	ırs Min.
1	. USUAL OCCUPATI	ON (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Cou	unty & Stete, o	r foreign country)	12. CITIZ	EN OF WH	AT COUNTRY?
L.	School Tea	king life, even if retired)		Pennsyl	vania			USA	
1	. FATHER'S NAME			14. MOTHER'S MAIDEN					
Г	John Sny	der		Katheri	ne Wis	2			
	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17. I		110 1110	Addres	5		_
10	Yes, no, or unkown) (If	yes give wer or detes of service) WW II	73 18 7987	Hospital	Records	S			
-		EATH  Enter only ona cause per l	-10 10-1	HOOPI OOL	2100020			INTERVA	L BETWEEN
	PART I. DEATH	PART I. DEATH WAS CAUSED BY: Artoriosal protio Heart Disease							
	47	1 1 management country (a)							
	Conditions, if ony, which by Myocardial Infarction Acute and Chronic								
1	geve rise to immedia	geve rise to immediate cause							
	(e), steting the underlying DUE TO								
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY								
E								P	ERFORMED?
100	20e. ACCIDENT WA	AS LINDERLYING TO 1 206 DES	CRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert Lor Part	II of item 18 )		I LES D	X NO [-]
CERTIFICATION		CAUSE OF DEATH	CRISE TION HOURT OCCURE	frmer herers of hilary in		11 01 110111 1017			
MEDICAL	20c. TIME OF INJUI Hour a.m. p.m.	RY Month, Day, Yeer 20d. While 19 at wor	Not While factor	CE OF INJURY (Home, far ory, street, office bldg., et		ty or town)	(Count	γ)	(Stete)
	21. I certify th	nat XI) (this hospital) attend	ded the deceased from	Feb. 14,	1962 10	Feb	20, 19.6	2 that (	IX (we) last
	saw the decease	ed alive on Feb. 20	)	death occured 12.	: 55MMro	m the causes	and on th	e date st	tated above
	20. TIGNATURE	110		ATTENDING	MED.	STAFF			22b. DATE SIGNED
	IW UX	ion K. Is	asu M.	DI MIC	DIRECTOR	PHYS.	Febr	ruary	20. 196
Г	22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS					
	10000 (1790)	WILLIAM P. BAK	ER LT MC USN	U. S. N	aval H	ospital,	Bethes	sda, N	/d.
2	REMOVAL (Specify)	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City, to	wn or county)		(Stete)
	Burjal	2/24/62	Hill Crest	Cemetery		Clearfi			
2	THERAL DIRECTOR	Fil adversarily and	ADDRESS B	ethesda, Md.RE	C'D BY REGI	STRAR 25b. RE	GISTRAR'S SI	GNATURE	
	Robert A. 1	Pumphrey Tuneral	Home, 7557 Wis	C.Ave., DATE F	EB 23'	02 0	ribur &.	Thomas	- 1400

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02135

	7744						
	1. PLACE OF DEATH  e. COUNTY  a. STATE  b. COUNTY  b. COUNTY						
	Mont gamery MARYLAND	" Mary and " COUNTY Mor	ntyomery				
	c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give neerest town)				
	Bethesda / day	33 13501 Grenoble Dr.	Kockville				
1	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
	Suburban Hospital Rockville YES NO 12						
	NAME OF First Middle	Last 4. DATE Month	Day Yeer				
	(Type or print) Frederick William Sp	lelman DEATH February	1 10 1962				
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1	EAR IF UNDER 24 HRS.				
	WIDOWED DIVORCED	3-3-92 69 yrs. Morrins	eys Hours Min.				
10a doi	USUAL OCCUPATION (Give kind of work during most of working life, evan if retirad)	RY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?				
	manager Sewing machine C	o Hagerstown, Maryland (	124				
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Charles E. Spielman	Emma A. Danner					
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address					
	yes 1917-1918 186-07-8066	Wife -Elizabeth Spielman-	same2d				
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	/ •	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COTONARY OCC	/wsion	1day_				
	DUE TO + . / / ·	1 1.	/				
		eardiovaseular disease	years				
	gave rise to immadieta cause (a), stating the underlying  DUE TO		,				
	cousa last. (c)						
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?				
CAT	coronary occlusion April,	1958	YES NO				
CERTIFICATION	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Pert I or Part II of item 18.)					
MEDICAL	Hour a.m. While Not While fac	ACE OF INJURY (Home, farm, 20f. (City or town) (Country, straet, office bldg., etc.)	(Stete)				
W	p.m. 19 et work at work	Ed 50 Ed	12				
	21. I certify that (I) (this hospital) attended the deceased from.	/ 1/32 -					
		t death occured at					
	22e. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED				
	22c. BHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS. D	2/10/62				
	NAME (Type) Stephen C. Cromwell,	MD Rochville, 1	nd.				
	BURIAL, CREMATION, 23b. BATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)				
	Burial 2/13/62 Mt. Doivet	Cemetery Frederick, Mary	land				
-	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE				
L	Robert A. Pumphrey, Bethesda, Mar	yland DATE FER 1 4 '62 arthur 8.	Kraus				

18180 Mosqued Designary 1 day 18501 Generales De Reskylle Bethesda Stylenson Margital Rockette Trees the William spielman result will de soort 111 W SEE 32 12 68 instaged the secretary median to House and Partied USA Charles & Spielmin Emma A. Danne promoved the contract of the c Corunary southern referraction of the contract of the descent Scores of Character Parket Charles C. Lorman War ... x ... x ... ... ... ... Stephen C. Commell M. T. T. L. Landley M. unright 2/11/82 Nt. Dityes Mentery Symperick, Merviand 

# OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician. ECTOR: After this certificate has been signed by the attending physician and completely filled by the furbaral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pager and 2 should be State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affer death.

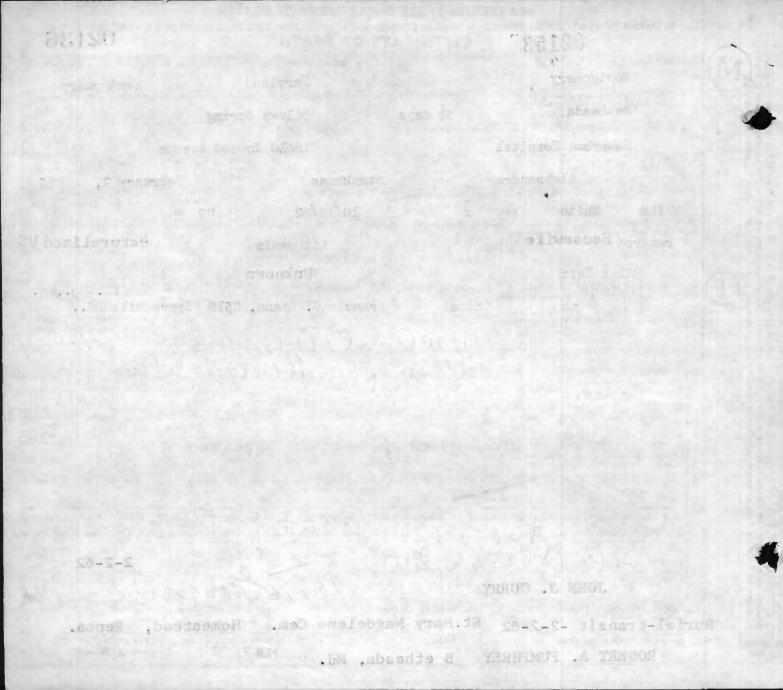
TO HOSPITAL OF death, Page 4 maj TO FUNERA director, page 2 be filed with the 5

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02136

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution				nce before admission)		
4	o. COUNTY Montgomery	MARYLAND	Maryland Montgomery			
1	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16		f outside corporete limits, write RURAL end give		
	write RURAL end give nearest town) Bethesda	52 days	39 Silve	r Spring		
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (if not	72	d. STREET ADDRESS	- VA 4-116	. IS RESIDENCE	
	Suburban Hospita	in the second second	10/10	Inwood Avenue	YES NO	
	3. NAME OF First	Middle	Last	4. DATE Month Dey		
	(Type or print) Aleksandr		tankunas	of DEATH February 2.	19 62	
	5. SEX 6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers   IF UNDER 1 YEAR   Months   Deys	Hours Min.	
4	FEMALE White wi	DOWED DIVORCED	10/18/82	79 yrs. Monins beys	Hours Min.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired) retired Housewife	10b. KIND OF BUSINESS OR INDUST	Ii. BIRTHPLACE (Count	Natara	alized US	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	Alex Yutz		Unkne	own.		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown)   (Ifyesgive werordetes of service)		INFORMANT	Address Sil.	Sp.,Md.	
	no	none Fr	rancis C. Star	nn, 2518 Plyers Mill F	Rd.,	
	18. CAUSE OF DEATH [Enter only one ceus	e per line for (e), (b), and (c).]	<u></u>		NTERVAL BETWEEN	
	IMMEDIATE CAUSE (e)	(0100er	ol Ilaa	malioners	4 alary	
	DUE TO		1 000	0.0	1	
	Conditions, if eny, which (b)	Denel	aller (1	stem sclenzes	Means	
	geve rise to immediate cause		0		1	
	(e), steting the underlying course lest.				U	
		S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?	
	TANK TO THE PARTY OF THE PARTY				YES NO	
	PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	D. (Enter neture of injury in I	Pert I or Pert II of item 18.)		
	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 19	While Not While fee	ACE OF INJURY (Home, ferm story, street, office bldg., etc.		(Stete)	
		et work et work	011010			
	21. I certify that (I) (this hospital)		1	1955 to 196.		
	saw the deceased alive on		t death occured a			
	22e. SIGNATURE	A.M. W. A		MED STAFF	22b. DATE SIGNED	
	22c, PHYSICIAL'S	1011/11-01	A.D. PHYS. D	DIRECTOR PHYS. 2-2.	-02	
		RRY U	1067	Seorgia Clay	mil	
В	23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) urlal-transit -2-2-6.	23c. NAME OF CEMETERY 2 St. Mary Mag		23d. LOCATION/(City, town or county)  Homestead, Per	(Stote)	
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC	D BY REGISTRAR 256. REGISTRAR'S SIGNA		
1	ROBERT A. PUMPH	REY B ethesd	a. Md. DATE	EB 7 '62 Circling & 96	ANUS.	



# FOR STATE HEALTH DEPT

Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executed certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be in the red to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO PUNERAL ARECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bot or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME

5M 9/60

MARYLAND STATE DEPARTMENT OF THEATH.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02137

	1. PLACE OF DEATH	14m 0308 3/5/62 iwk
2	e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. STATE b. COUNTY
	montgom maryland	a. STATE Mel b. COUNTY M ente
	b. CITY OR TOWN (if outside experients limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give newest lown)
П	write RURAL end give neares town)	
	Mackerlle (rural) D.O. H.	JoChen Chase 15
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS
1	Woods - off. M-luther Blod,	5-5-20 Worten Cur YES NO NO
	3. NAME OF First Middle	
	DECEASED	OF
	(Type or print) Celfred trancis Star	eton in DEATH Jeb 23 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER NEV	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	male White WIDOWED   DIVORCED	lest birthdey) Months Deys Hours Min.
1		10 - 13 - 33   2 6 yrs.
	done during most of working life even if religed)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
п	Salesman Auto	New York USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Alfred Francis Stanton	Holone Dulectus
)}		Helena Dykstra
4	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11 (Yes, no, or unknown) ((Ifyesgivewerordetesofservice)	NFORMANT Address
	yes   Korean   262-46-9255   Hel	ena Stanton-Item# 2
ľ	18. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), and (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Crebral No.	norrhage & lacuation onset and DEATH
-1		
	Conditions, if any, which \ (b) Creflet would	Thru skull
	gave rise to immediate cause	
- 1	(a), stating the underlying DUE TO	
	cause last. (c)	
- 1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
-1		PERFORMED? YES NO M
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT  200. EXTERNAL CAUSE WAS PRIMARY A OF CONTRIBUTING  CAUSE OF DEATH	nter nature of Injury In Part t or Part II of itam 18.)
	PRIMARY OF CONTRIBUTING	
-1	All and like	bullet would Thru strell
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE While Not While at work of work o	
- 1	Hour with Not While Work of at week of at we	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	The same of the sa	rather Bling white Thing my
	21. I certify that I took charge of the remains described above, hel	d an Autopsy, Inspection Inquiry, and In my opinion
- [	death resulted from: Natural causes . Accident . Suicident	de X. Homicide . Undetermined manner .
- 1		CHIEF MEDICAL EXAMINER
-	ACTUAL A O B. A. A.	
	SIGNATURE SALLO	ASSISTANT MEDICAL EXAMINER DATE SIGNED
1	EXAMINER'S MAINTER'S	DEPUTY MEDICAL EXAMINER A 21/32-42
1	NAME (Type) FRANK J. DIOSCHELT	Address (Street, city, town, or county)
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	
1	ur-Transit 2/28/62 Pine Lawn Na	tional Long Teland New York
1	23. FUNERAL DIRECTOR ADDRESS	
1	Tyson Wheeler Funeral Home-1331 E. Montg.	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Rockville, Md.	AVE. DATE FEB 2 7 '62 Contlag S. Kraus
1	AAM A	. D. Constant

The same of the same of the late of the la Directory and the control of the con The second secon The law requires that the death certificate be executed within 24 hours after 1 the by th carbon papers. In within 72 hou completely any event, within IRECTOR: After this certificate has been signed by the attending physician and Then please remove 2 cremation, or remova detached for use as the burial-transit permit. the hospital or attending physician. PHYSICIAN: OR ATTENDING be retained by hould be TO HOSPITAL Page director, pay TO FUNEA death.

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CERTIFICATION

MEDICAL

MAR DIVISION OF STATISTICAL RESE	YLAND STATE D			MORE 1, MA	RYLAND	>
02155	CERTIFICAT	TE OF DEAT	H	04	2138	3
PLACE OF DEATH		2. USUAL RESIDEN	ICE (Where deceased lived,		nce before a	dmission
Montgomery	MARYLAND	e. STATE	b. co	UNTY	1	11.5
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate timits, w	rite RURAL and give	nearest tow	(n)
write RURAL and give nearest town)	0 1			, 5	ov.	9
Bethesda (Rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	2 days	d. STREET ADDRESS	ngton Park	1 1	l e. IS R	ESIDENCE
C. TAME OF THOSPIAL OR WASHINGTON (II HOLITHING	prior, give silver equiess;	d. STREET ADDRESS			ON	A FARM?
U. S. Naval Hospital		#4 Taylor,	Carver Heigh		YES	NO X
NAME OF DECEASED (Type or print)  KIMBERLEE LEVERN	STOUT Stout	Last	4. DATE Mo	ruary 7.	Yes 19	62
SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED TO B	DATE OF BIRTH		IS IF UNDER YEAR	IF UNDER	
- Womand a ware			last birthday	Months Days	Hours	Min.
Female   (Negroid   WIDOWE	DIVORCED DIVORCED DIVORCED	Feb. 5, 196	nty & State, or foreign counts	1 12. CITIZEN	DE WHAT	COUNTRY?
ne during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	II. BIKIMPLACE (COU	niy & Siele, of foreign count	y, iz. cilizeri	OI WILL	LOGITIKII
		Maryla			JSA	
FATHER'S NAME		14. MOTHER'S MATTEN	NAME			
Donald William Stout		Dorothy	Louise Jacks	on		
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 16. NO		NFORMANT Hospital Reco	Addr	ess		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if eny, which					ITERVAL BE NSET AND	
gave rise to immediate cause						
(a), stating the underlying DUE TO						
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION (	GIVEN IN PART 1(+)	19. WAS A PERFO	AUTOPSY DRMED?
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 18.)			
20c. TIME OF INJURY Month, Dey, Yeer 20d. While the control of the	Not While fact	CE OF INJURY (Home, far ory, street, office bldg., etc		(County)		(Stete)
21. I certify that M (this hospital) attensaw the deceased alive onFeb						
	,17UZ, and that	death occured at	Try DATALON IN Canse	and on me		DATE
220. SIGNATURE	m M		MED. STAFF PHYS.	X Februa:		SIGNED

VR A15 (4)

B. F. TAYLOR FUNERAL 1SM 7/61

23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 2-9-62 24 FUNERAL DIRECTOR'S SIGNATURE

FELDMAN

NAME OF CEMETERY OR CREMATORY Arlington National

USN

969

U. S. NavaL Hospital, Bethesda, Md. 23d. LOCATION (City, town or county)

ADDRESS 6th ST. WASH. D. COATE FEB 9

22d. ADDRESS

Arlington, Virginia
25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Chiller S. Flours '62

2051237152

BERNARD

88.130 (Linux) misedant Last Hospital Hospitani All the same of the المائن المائد Jeb. Jos. dal theath william trooks . C. . C. . U. S. Maye C. R. sp. ball, Both and S. D. L. F. MILLOR CHERLES CHESCOP CHEST MARK D.C.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after-death. Page 4 may be retained by the hospital or attending physician.

TO FUNERATE RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page. Hould be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filled with N. State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours/effer death.

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02139

7	0.0 371 E	7 070	/1 /60 into	
1. PLACE OF DEATH a. COUNTY	tems y & z your	2. USUAL RESIDEN	CE (Whate deceased lived, If Institution: I	Rasidenca befora admission)
Montgomery	MARYLAND	Y	(D.C.)	nthomery
b. CITY OR TOWN (if outside corporate timits, write RURAL end give nearest (pwn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write RURAL and	d give neerest town)
Bethesda, (Rural)	48 days	56 Washin	gton	
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, giva straet eddress)	d. STREET ADDRESS		e. IS RESIDENCE
U. S. Naval Hospital, Be	thesda, Maryland	4703 Dover		YES NO
3. NAME OF First DECEASED	- Middla	Lest	4. DATE Month	Day Yaar
(Type or print) DAVID	HUNT	STUART	DEATH February	22 1962
5. SEX 6. COLOR OR RACE 7. MAR	RIED A NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UNDER I	
Male Caucasian WIDO	WED DIVORCED	3 August 188	85 7677 yrs. Months	Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & Steta, or foraign country)   12. CIT	IZEN OF WHAT COUNTRY?
U. S. Navy		Wythe Cou	unty , Virginia	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Walter Stuart		Elizabeth	St. Clair	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT		ngton 16, D.C
Yes, no, or unkown) (Ifyesgivawarordatesofservica)	577 48 4935 Mr	s. Fav M. St	tuart(wife) 4703 Dov	
18. CAUSE OF DEATH [Enter only one cause p		21 200 2110 2	0	INTÉRVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Carcinoma of	colon		ONSET AND DEATH
IMMEDIATE CAUSE (e)	001011101103 01	002012		
DUE TO				
Conditions, if eny, which (b)				
(a), stating the undarlying DUE TO				
causa last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
NATION AND AND AND AND AND AND AND AND AND AN				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	DESCRIBE HOW INJURY OCCURED	. (Entar natura of injury in	Part I or Part II of itam 18.)	
0		CE OF INJURY (Home, far.		inty) (Stata)
p.m. 19 at	work et work			
21. I certify that (this hospital) att	ended the deceased from.	2 February,	1962, 10.22 February 14	2:, that <b>X</b> ) (we) last
saw the deceased elive on 22 Febr	uary 1962, and thet	death occure 120	7.P.M, from the causes and on	the dete stated ebove.
22a. SIGNATURE				22b. DATE
W kitchel	16 made		MED. STAFF DIRECTOR PHYS. K	SIGNED
22c. PHYSICIAN'S	1100.00	22d. ADDRESS		
NAME (Type) CLIFFORD M	. HERMAN LT MC U	JSN U. S. Na	aval Hospital, Bethe	sda, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or count	y) (State)
Burial (Specify) 2/27/62	Arlington		Arlington, Vi	
24 FUNERAL DIRECTOR'S SIGNATURE			C'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
Robert A. Pumphrey Funera	al Home, 7557 Wi	sc. Ave DATE F.	EB 2 6 '62   Clathur 8	Kenya
Kohert Hundre	to worken			

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funeral ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the t pue P Fille carbon popers. Pag nt, Within 72 hours completely by be retained by the hospital or attending physician.

ECTOR: After this certificate has been signed by the attending physician and abould be detached for use as the burial-transit permit. Then please remove carby state Dept. of Health prior to burial, cremation, or removal, and in any event, be retained by OR death. Page 4 rdirector, page be filed with His TO HOSPITAL

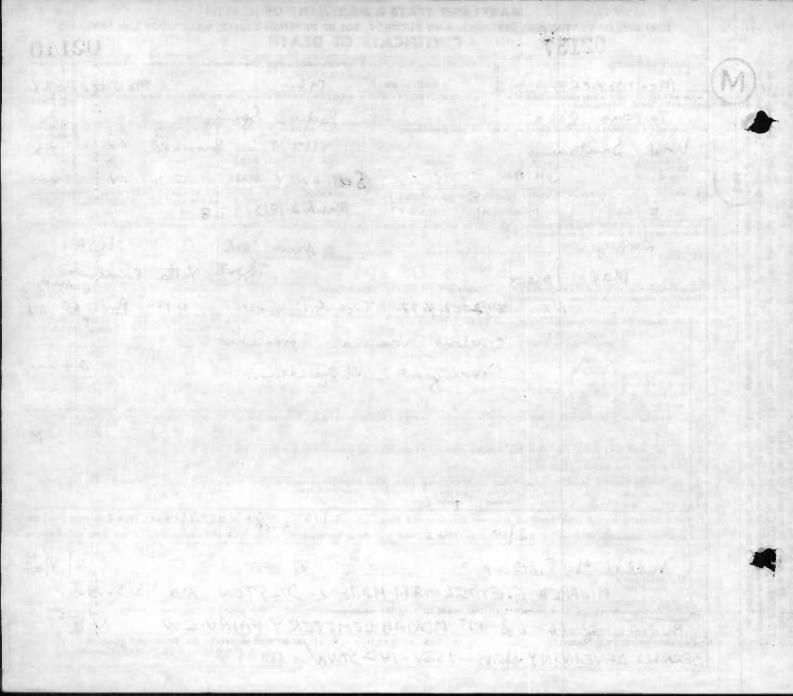
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12157 CERTIFICATE OF DEATH

ONIO	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission)
MONTOOMERY MARYLAND	o. STATE b. COUNTY MON to MERY
b. CITY OR TOWND(if outside corporate limits.   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL end give nearest town)	2000
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS S. C. I. O. IS RESIDENCE
	ON A FARM?
Wash. Santanum	8717 Piney Branch Rd Md YES NOW
3. NAME OF First Middle	Last 4. DATE Month Dey Year
(Type or print)	SUSMAN DEATH 2 14 1962
5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8.	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
WIDOWED DIVORCED	March 6-1913 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY	17.0
done during most of working life, even if retired)	1 11. DIKIMPLACE (County & State, or lotation country)
Dooheeper	14. MOTHER'S MAIDEN NAMES
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Max tonest	Pared Yetta Friedman
	NFORMANT Address BRANCES
(Yes, no, or unkown) (If yes give wer or datas of service)	Jack Susaman 8717 Power Rd Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Just Silso man 8111 may the My.
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Corelar Vocas	ular Accident
DUE TO	0.10
Conditions, if eny, which (b) Malegnant	hypertension
Service to the service of the servic	
(e), siering the underlying	
AART II OTURA SIGNIFICANT CONTRIBUTING TO RELEVANT	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
2	PERFORMED?
5	YES NO M
2Da. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED.  OP CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (Enter netura of injury in Pert I or Pert II of item 18.)
	CE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
Hour a.m. WhilaNot While factor	ory, streat, office bldg., etc.)
p.m. 19 at work et work	
21. I certify that (I) (this hospital) attended the deceased from	2 13 , 1967 to 2 14 , 1967 that (1) (we) last
saw the deceased alive on	death occured at
22a. SIGNATURE	22b. DATE
milded of Eldeman M.	D PHYS. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (TYPO) MILDRED G. EIDELMAN-M	D.1602-DILSTON RD. S.S.Md.
	in Transaction and a second se
DELLO344(516-)	
BURIAL 2-16-62 MT. MORIAH	CEMETER Y PAIRVIEW N.J.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
BERNARD DANZANSKY +SONS-3501-146	3 STNWDATE FEB 1 6 '62 Outhur & Thank

VR A15 (4) 15M 7/61



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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certiticate be executed within 24 hours after death. Page 4		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	page 3 shaulck. Mached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 thruld be filed with		
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ALC	Hain	101	oulci	The registrar picture, burial, cremation, ar remayal, and in any event within 72 hours after death.	
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CATION CERTIFIC

MARYLAND STATE DEPARTM	IENT OF HEALTH—BALTIMORE, 18
02158 CERTIFICA	ATE OF DEATH  Reg. Dist. 0.21 4.1
o. COUNTY Montgom EPU MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 1b CURAL and give nearest fown).	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  50 Bethesda
d. NAME OF HOSPITAL (It not in hospital, give street oddress) OR INSTITUTION Le Deau Nausina Home	d. STREET ADDRESS  4513 Harling Lane  • IS RESIDENCE ON A FARM? YES  NO
3. NAME OF CATTLE First / Middle (Type or print) XXXXXXXX II	Sutton 4. DATE Month Day Year DEATH FLOW 27 1962
Demale White WIDOWED DIVORCED	B. DATE OF BIRTH  May 31, 1882  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Month
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife   3. FATHER'S NAME	STRY 11. BIRTHPLACE (Stole or foreign country)  Maryland  USA  14. MOTHER'S MAIDEN NAME
John H. Smith	Francis Maddox
(Yes, no, or unknown)   (If yes, give war or dates of service)	Address arie Garadi-daughter-same 2d
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying couse lost.  (c)	Melanama of Interval Between ONSET AND DEATH  Weye with metantaries
5	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter noture of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, 20f. (City or fown) (County) (Stole) clory, street, office bldg., etc.)
21. I certify that I attended the deceased from 21 alive an 21, and that death	occurred at 7.45 P.M., from the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial (Specify) /62 Silver Spring, Maryland Gate of Heaven Cemerery

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey, Bethesda, Maryland DATE MAR 2 '62 Minny S. Henra

VS A15 (4) 15M 9/55

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Partie and 2 should burs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with may be retained by the hospital or attending physician.

IRECTOR: After this certificate has been signed by the attending physician and completely fill should be detached for use as the burial-transit permit. Then please remove captor papers. Pathould be detached for use as the burial-transit permit. Then please remove captor papers. Pathould be pept. of Health prior to burial, cremation, or removal, and in any event within 72 hours. TO HOSPITAL death. Page 4 m director, page be filed with filed

VR A15 (4) 1SM 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02159

CERTIFICATE OF DEATH 02142 02159

PLACE OF DEAT     COUNTY	H			2. USUAL RESIDENCE	CE (Where decea	sed lived, If I b. COUN		dence before	edmission)
MONTGOME	RY		MARYLAND	MARY LAND			ONTGOME	ERY	
b. CITY OR TOWN	(if outside corporate limed give neerest town)	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporat	a limits, write	RURAL end gi	ve nearast to	wn)
OLNEY			7 DAYS	X OLNEY					
d. NAME OF HOSP	ITAL OR INSTITUTION	(if not in h	ospital, give street eddress)	d. STREET ADDRESS				10	RESIDENCE
	RY GENERAL	HOSPI	TAL				The Late	YES	] ио []
3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	D	ay Ye	ar
(Type or print)	HAZ		ELIZABETH	SWANN	DEATH	2-18		19	
5. SEX	6. COLOR OR RACE	7. MARR	JED X NEVER MARRIED   B	. DATE OF BIRTH		GE (In years   st_birthday)	Months Day		R 24 HRS.
FEMALE	COLORED	WIDOW	/ED DIVORCED	7-8-16	4	5 yrs.	Months Day	/s Hours	Min.
10e. USUAL OCCUPA	TION (Give kind of wor	k 10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or fore	eign country)		OF WHAT	COUNTRY
HOUSEWIFE				MARYLAND			U.3	S. A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
WILLIAM !	GAINES			MARGARET	BROWN				
	VER IN U.S. ARMED FO		S. SOCIAL SECURITY NO.   17.	INFORMANT		Addrass			-
(Yes, no, or unkown)	(If yes give wer or dates of	service)		HOSPITAL	RECORDS				
I IB. CAUSE OF	DEATH lenter only one	e causa pe	r line for (e), (b), and (c).]				1	INTERVAL B	ETWEEN
	TH WAS CAUSED BY:	V	1 (1 11	101 000	lassic			ONSET AND	
4-11	IMMEDIATE CAUSE (e)	hen	al shurdown	- Nephrosc	iensis	1	_	3-4	405
177	DUE TO	and	11.		A	Hort	70	-	/
Conditions, if an	y, which ) (b		severe Hoterns	derotic Heart	Disease	c Ste	nosis	3-4	413
geve rise to immed	diete ceuse		0 1						,
(a), stating the	underlying DUE TO		trterio scle.	acie				ye	215
causa last.	COND	ITIONS CO	ONTRIBUTING TO DEATH BUT NO		NAI DISEASE CO	NDITION GIV	EN IN DART 1/a	11 10 WAS	ALITOPSY
PART II. OTHI	EK SIGNIFICANI COND	IIION3 CC	BOT NO	T KEENTED TO THE TERMIN	NAL DISEASE CO.	NOTITION GIV	EN INTANT NO	YES X	ORMED?
OR CONTRIBUTING	WAS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER		ESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in l	Pert I or Pert II of	item 1B.)			
20c. TIME OF INJ	URY Month, Dey, Ye	er   20c		CE OF INJURY (Home, farm		town)	(County)	)	(Stete)
Hour e.m.		Wh at w	1401 1111110	fory, street, office bldg., etc.	.)				
₹ p.m.			1	1955	-		10/0	7 - 10	
21. I certify	/ 1 1-	ital) D	nded the deceased from.	2:41	)A		, 19505		
	ased live on		19.0.4, and that	death occured at	wi, irom ii	ne causes	and on the		b. DATE
22e. SIGNATURE	Kirhad	_ 0	h Yalis "	I.D. PHYS.	MED.	STAFF PHYS.	2-19	-62	SIGNE
22c. PHYSICIAN'				22d. ADDRESS					
MAME (Type	RICHARD A	. YAT	ES, M.D.	OLNEY,	MARYLAN	D			
23a. BURIAL, CREMA	TION, 235. DATE THE	REOF	Carver Memo	or crematory rial Park.,	Laure	ON (City, to			(State)
24 FUNERA BRICIO	Snowden.	vder	Rockville, Md	25a. REC	FIRE 2	R 256. REG	Gully &		

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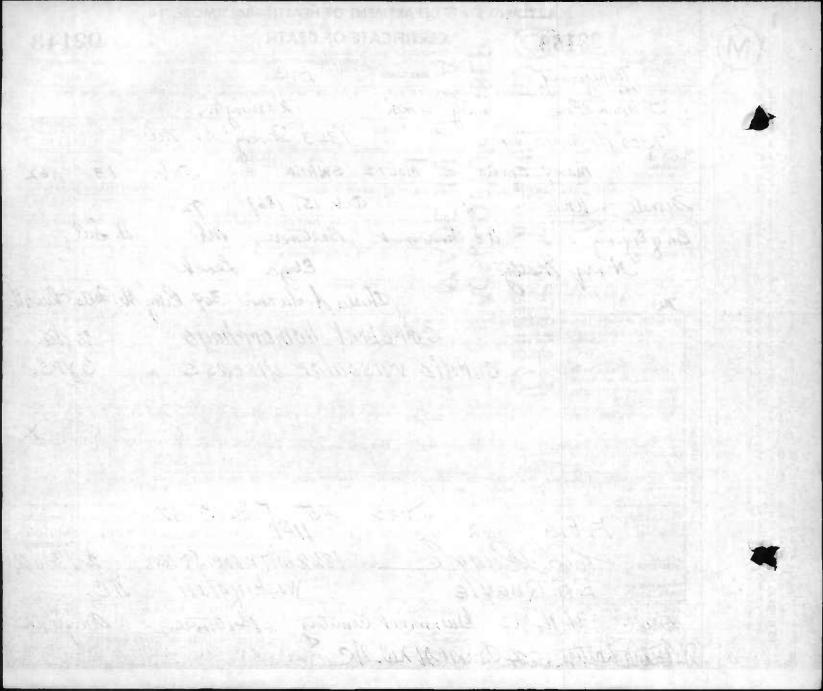
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VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1.	c. People of Death of Som	ery		MARYLAND	2. USUAL RES	2.0	land	lived. If institution b. COUNTY	Montgo			
	b. CITY OR TOWN (I RURAL ond give no	If outside corporate limi earest town)	its, write	c. LENGTH OF STAY IN 16	100	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  32Silver Spring						
	OR INSTITUTION	TAL (If nat in hospital, g			d. STREET		ldingt	on Ave.	ENR	ON	SIDENCE A FARM?	
		ursing Ho		37.44.34.44.3			Ť					
	NAME OF DECEASED (Type or print)	Sal		Middle -	_	sky	4. DATE OF DEATH	FE B	- 19哲	oy —	19 62	
S. 5	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIR	₹TH		9. AGE (In years last birthday)	Manths Dovs	-	7	
	FE	W	WIDOWI	DIVORCED [	4/12/	92	To We	69 yrs.	Manths Doys	Hours	Min.	
10a	USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTH	PLACE (State	or foreign co	untry)	12. CITIZEN C	F WHAT	COUNTRY	
	HW	king life, even if retired	)	-	R	lussia			Amer	ica		
13.	FATHER'S NAME					S MAIDEN N	-				1103	
	Kona	nsky				Unkr	nown					
				SOCIAL SECURITY NO. 17.	INFORMANT			Addr	ess			
(Ye	No No	(If yes, give war or dates of s	service)	None	Leo Tans	ky 130	2 Cadd	ington A	ve., SSp	g.,	Md.	
_		ATH [Enter only one co	use per li	ne far (a), (b), and (c).]		4		4	IN	TERVAL 8	ETWEEN	
		TH WAS CAUSED BY:	C	Man 210	P. i. S	Luis	"in na	a lesi	101	SET AND	DEATH	
		IMMEDIATE CAUSE (d	-	- January	ryco	/www	NILLIA	VVCCP-U	- 4	I. CO	VETU	
		DUE TO	11	00-0 Food	Dio a		al 1	0	,	2.10	-fa 4 3	
10	Conditions, if a		(b) runa hu numerous of county of your									
	couse (o), stoting	b DITE TO					1		1	V		
	lying couse last.	) (0	:)									
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH 8	UT NOT RELATED	TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS	AUTOPSY ORMED?	
CAT	Can	dias -	-ai	luce						YES [	NO	
TIFI	20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture	of injury in	Port I or Port	II of item 18.)				
	(If EITHER, NOTIFY	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJUR	RY Month, Day, Ye	or 20d. II		PLACE OF INJURY			or town)	(County	()	(Stote	
EDI	Hour a.m.	19	While	_ Idol willie	foctory, street, off	ice bldg., etc	:-)					
Z	p. m.		of wor		7		// 5	Ed id	12.			
	21. I certify the	at (1) (this hospita	I) attend	ed the deceased fram		19	10-1-10-	400	1962	hat (I)	(we) las	
	saw the decea	sed alive an the	1-12	1962 and that	death accurr	ed at	M/ from	the causes an	d an the dat			
	22a. SIGNATURE	in-Fin	11/6		M.D. PHYS.		ED.	STAFF PHYS.		2	2b. DATE SIGNEI	
	22c. PHYSICIAN'S	7700		•	22d. ADD		IKECIOK 🗀	71113.	1		0	
	NAME (Type)	IM FRA	NK	M.D.	544	.W. Mo	NIFOI	HERY, K	OCKVIL	LEZ	Md	
230	BURIAL, CREMATIC		OF	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCAT	ION (City, town,	or county)	(Sto	ote)	
	REMOVAL (Specify)	Feb 20,	1962	Mt. Hebron	Cemetery		Flus	hing, L.	I., N.Y.			
24	FUNERAL DIRECTOR	-	2011	ADDRESS		2Sq. REC	D BY REGIST	RAR 256 REGIS	STRAR'S SIGNAT	URE		

DATE

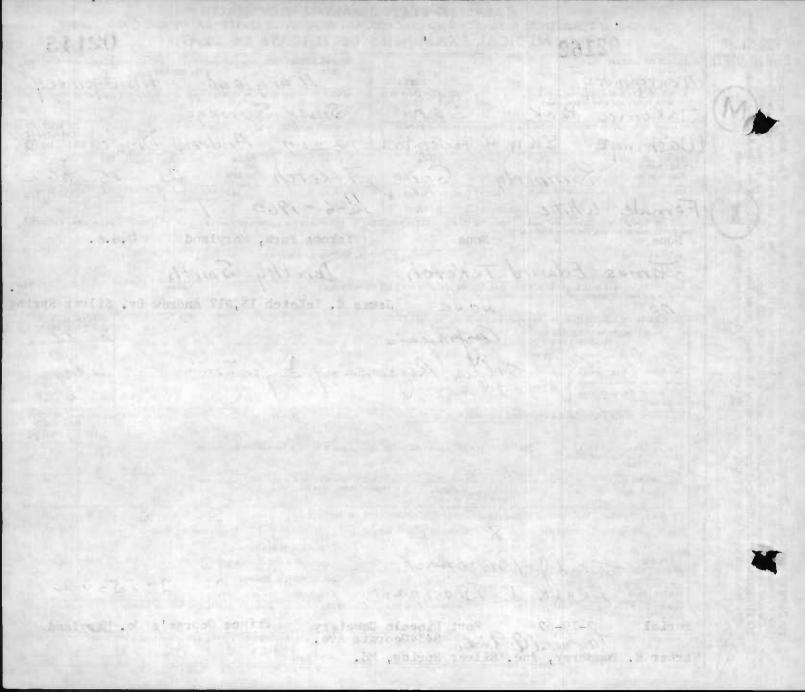
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necessary, ector. Page pur files. TO DEPUTY NEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any del please exem, he certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funes 4 should be "warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Statem or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY

VS. ATSME 5M 9/60

FOR STATE HEALTH DEPT.

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0214 02146

. PLACE OF DEATH				2. USUAL RESIDEN	CE (Where			Residen	ce before e	dmission)	
	gomery	MARY	LAND	o. STATE Maryland b. COUNTY Montgomery							
write RURAL end	foutside corporate limits, give neerest town) 18508	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (	If outside cor	porete limits, write				n)	
		not In hospitel, give street addre	ess)	d. STREET ADDRESS					I e IS RE	SIDENCE	
~~~				ON A FARM							
7.75	Bradly Blv					ey Blvd.			YES	NO T	
3. NAME OF DECEASED	First	Middle		Last	4. DATE	Month	h	Day	Year		
(Type or print)	Monic	a.		Temp	DEAT	H Fe	bruar	V 2	1 196	52	
5. SEX	6. COLOR OR RACE 7.	. MARRIED   NEVER MARRIED	8 PX C	DATE OF BIRTH		9. AGE (In yeers	IF UNDER	1 YEAR	IF UNDER	-	
Female	MATITIOS .	WIDOWED DIVORCED		1/13/62		last birthday) yrs.	Months	Dages	Hours	Min.	
10a. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired)	10b. KIND OF BUSINESS OR	INDUSTR		CY INC.	ountry)	12. CI	TIZEN O	F WHAT C	OUNTRY?	
Infant			-	Maryla	and		U	SA			
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME						
Singfr	ried K. Te	mp	16.7	Margot H	uberti						
	R IN U.S. ARMED FORCE		D. 17. I			Address					
(Yes, no, or unkown)   (If	yes give wer or detes of serv	rice)									
No		None	I S:	iegfird Ter	mp-ta	ther-sa	ame a				
	WAS CAUSED BY:	suse per line for (e), (b), end (c)							ERVAL BET		
	MMEDIATE CAUSE (e)	Bilateral C	onfl	uent Bronchia	al Pne	umonia			found		
149	DUE TO								in t	ped	
Conditions, if eny	which (b)										
geve rise to immedia	ele cause										
(e), steting the ur	idenying										
	SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH	I BUT NO	T DELATED TO THE TERMIN	MAI PICEACE	CONDITION CIV	CALIAL DAD	T 1(-1) 9	0 14/45 4	LIZODEY	
P PARILI OTTICE	JIGINITICALLY CONDING	THE CONTRIBUTION TO BEATT	1 201 140	T KLEATED TO THE TERMIN	AVE DISEASE	CONDITION GIV	EN IN PAR	1 1(8) 1	9. WAS A PERFO		
5								,	YES X	NO 1	
PART II. OTHER  PART II. OTHER  PRIMARY OF CO  CAUSE OF DEATH.	USE WAS NTRIBUTING   20b	. DESCRIBE HOW INJURY OCC	CURED, (E	nter neture of Injury In Perl	t I or Pert II o	of item 18.)					
20c. TIME OF INJUI	RY Month, Day, Yeer	20d. INJURY OCCURRED While Not While et work et work		CE OF INJURY (Home, ferm ory, street, office bldg., etc.		ty or town)	(Co	unty)	(	(Stete)	
		the remains described abo	ove hel	ld an Autonsy [32]	Inspection	, Inquir	v 🗖	204	in my or	ninian	
death resulted for			Suici				,	7	m my of	Difficil	
Gegui Lezauled II	rom: Natural caus	ses K, Accident [],	Suici			ndetermined m	anner	J			
	2 1	0		CHIEF MEDICAL E	EXAMINER [						
SIGNATURE S	Trank 1	1 monthas	1	M.D. ASSISTANT MEDI	ICAL EXAMI	NER [			ATE SIG		
EXAMINER'S NAME (Type)	Frank J B	roschart		DEPUTY MEDICAL Address (Street, c			Febr	uarj	7 21,	1962	
22e. BURIAL, CREMATIO. REMOVAL (Specify)	N, 226. DATE THEREOF				TION (City, town,	, or country	y)	(Stele	)		
Burial	2/23/62	Arlingto	n C	emeterv	Arli	ngton.	Virg		a		
23. FUNERAL DIRECTOR		ADDILOG		24e. REC	'D BY REGIST	TRAR 245. REG			JRE		
Robert A.	Pumphrey	, Bethesda,	Mar	yland DATE	AR 1 '6	62 a	rthur S	. The	44		
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02164 CERTIFICATE OF DEATH 02147

1.	PLACE OF DEATH				2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before edmission)							
	MONTGOMER	•		MARYLAND	a. STATE B. COUNTY MONTGOMERY							
	b. CITY OR TOWN (if		its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (		erate limits, writ	a RURAL and	give nee	erest tow	rn)	
1	OLNEY	give ilearasi towil)		7HR . 55MIN.	X OLNEY							
		AL OR INSTITUTION	(if not In ho:	spitel, give street address)	d. STREET ADDRESS   e. IS RESIDE							
1	MONTGOMER	Y GENERAL	Hosp1	TAL							A FARM?	
3	NAME OF DECEASED	First		Middle	Last	4. DATE	Montl	h	Dey	Yeer		
L	(Type or print)		EMING		TERRY	OF DEATH	2	1	9	19	62	
5	. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED   8	. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 Y	EAR I	UNDER	24 HRS.	
	MALE	COLORED	WIDOWE		8-5-06		55 yrs.	Months De	ys	Hours	Min.	
10	one during most of wor	ON (Give kind of wor	k 10b. K	IND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Cour	nty & State, or 1	oreign country)	12. CITIZI	EN OF	WHAT C	OUNTRY	
1	one during most of wor	king ine, even it retire	ed)		Vincini				U.S	Λ		
13	B. FATHER'S NAME				VIRGIN				0.3	./1.	-	
					14. MOTHER'S MAIDER	MAME						
	EDDIE TER	RY			LULA TE	ERRY						
13	S. WAS DECEASED EVE (es, no, or unkown)   (If	R IN U.S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT		Address	3				
1,	(II	703 g1 V8 W81 01 0818301.	101 V1C0)		HOSPITA	AL RECO	one.					
	B. CAUSE OF D	EATH [Enter only one	cause per	line for (e), (b), end (c).)	11037117	AL MECO	K D 3	-	INTER	VAL BET	WEEN	
		WAS CAUSED BY:			· PLS					T AND D		
	5	MMEDIATE CAUSE (a)	,	Houte Per	icarditis				4-	-6	aly s	
	1526	DUE TO	1						.,		. 1	
	Conditions, if any	which ) (b)		Lobar Tre	ummie,				4-	6 d	aux	
	gave rise to immedia	ote cause							-		1	
	(a), stating the un	derlying	CL	mai Rilah	-1 B-	Link	•		,	114		
	cause lest.	) (c)		CADICIE DI 1001	am Iminu		ws.		-	1~~	100	
é	PART II. OTHER	SIGNIFICANT CONDI	IIIONS COP	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PART 1	(e) 19.	PERFO	RMED?	
A									YES	X	NO [	
E	20e. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Part I or Part II	of item 1B.)					
CERTIFICATION		MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye			CE OF INJURY (Home, farm		or town)	(County	y)	(	(Stete)	
9	Hour e.m.	19	While et wor	Not While fact	ory, street, office bldg., etc	.)						
1			-		n. h	- 61	1.1-		2			
			_	ded the deceased from	0 / 20	19, to		19.6				
	saw the decease	ed alive on	-18-	6.219, and that	death occured at	M, from	the causes	and on the	e date	stated	above.	
10	22m. SIGNATURE	Λ	1								DATE	
	K.L.	-1 (1	Val	M mos M	20000	MED. DIRECTOR	PHYS.				SIGNED	
	22c. PHYSICIAN'S	w.	- 0	4 / 1	22d. ADDRESS					100		
	NAME (Type)	RICHARD A	· YAT	ES, M.D.		Y, MARY	LA ND					
23	REMOVAL CREMATIC		-	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, to	wn or county)		(Ste	ete)	
	REMOVALE (Specify)	1 6/23/62	1	Ash Memorie			ndy Spr					
24	CUNTERAL PIRECTOR	SIGNATURE .	ned	ADDRESS	25a. REC		RAR 25b. REG			RE		
	Robert	Snowden	T WA	Rockville,	Md.							
	-000-20	2201104024			DATE	3 2 1 '62	Con	· 2 8 15	out the			

in by the funera-TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4 may be retained by the hospital or attending physician.

TO FUNER, \*\* NECTOR: After this certificate has been signed by the attending physician and completely filled director, page stould be detached for use as the burial-transit permit. Then please remove carbon papers. Per be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, wighth 72 hours at

VR A15 (4) 1SM 7/61

BULLIYEA TYRE-Unitarious ell like Til JAMES CONTRACTOR OF SALES OF SALES 2016237 Capital Bigua Elemen Marsh, L. the second of th . Ble . CHE LAND William Louis L. on all Louis House

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) COUNTY b. COUNTY Health. ontomery on the some su MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and dive nearest town) c. LENGTH OF STAY IN 16 or. write RURAL and give needest town latoma hoxd d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? funeral retained he State B YES INO 4. DATE 3. NAME OF Month Dev Year DECEASED the DEATH (Type or print) 19 nomas. 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. with 5. SEX 8. DATE OF BIRTH 2 with last birthday) l and 2 wit Months pue WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY Pages 1, 2 M3. Page done during most of working life, even if retired) mica pages 1 PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17.0 0.01 urn Φ 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. INFORMANT Address with for (Yes. no. or unkown) | (If yes give wer or detes of service) 216-09-0946 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one causa per line for (e), (b), and (c). long ONSET AND DEATH PART I. DEATH WAS CAUSED BY. cecluse Sudale IMMEDIATE CAUSE (e) B Office DUE TO Conditions, if any, which gave rise to immediate cause 10 DUE TO (a), stating the underlying Se PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 99 YES NO X revou cornary 0 208. EXTERNAL CAUSE WAS
PRIMARY OF OF CONTRIBUTING [
CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) shoul Chief age 3 to buri Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State) 20c. TIME OF INJURY factory, street, office bldg., etc.) Not While While Hour a.m. the P at work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion 0 Undetermined manner Natural causes Suicide Homicide death resulted from: Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for the should be for the should be for the short its designate SIGNATURE DEPUTY EXAMINER'S d NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e. SURIAL, CREMATION. 22d. LOCATION (City, Iown, or country) (State) REMOVAL (Specify) ₫40 p 0 Parklawn Cemetery Burial Rockville. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Robert A. Pumphrey, Bethesda, Maryland DATEFER 15'62 VS. AISME arthur S. Thous SM 9/60

LAND STATE DEPARTMENT OF HEALTH

in by the funeral The law requires that the death certificate be executed within 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with may be retained by the hospital or attending physician.

SIRECTOR: After this certificate has been signed by the attending physician and completely fill should be detached for use as the burial-transit permit. Then please remove carbon papers. Pue State Dept. of Health prior to burial, cremation, or removal; and in any event, within 72 hours TO HOSPITAL death. Par cr TO FUNER director, pas be filed with the VR A15 (4)

1SM 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	06100								U.	14	4
1. PLACE OF DEATH	н				SIDEN	CE (Where	deceased lived, If		sidenes	before e	dmission)
MONTGOMER			MARYLAND	a. STATE	YLAN		b. COUN				
	if outside corporate limit		c. LENGTH OF STAY IN 16	_			porate limits, write	ONTGOMI		erest tow	vn)
	give nearest town)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
OLNEY		17 10	15 DAYS			SPRIN	G				
d. NAME OF HOSPI	TAL OR INSTITUTION (in	not in hos	pital, give street eddress)	d. STREET A	DDRESS						A FARM?
MONTCOMES	Y GENERAL H	LOSDIT	AL	Box	273	Goon	HOPE ROA	6 D			NO
3. NAME OF	First	103111	Middle	Last	213	4. DATE	Month		Day	Yee	r
(Type or print)						OF				4.0	
	JAME	S	ROBERT	THOMA					22	19	62
S. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH		- 75-1	<ol><li>AGE (In years last birthday)</li></ol>	IF UNDER 1 Y			24 HRS.
MALE		WIDOWE		6-14-	91		80 yrs.	Months D	mys	Hours	Min.
	ION (Give kind of work		NO OF BUSINESS OR INDUST		-	ty & State o	or foreign country)	1 12. CITIZ	EN OF	WHAT	COUNTRY
done during most of we	orking life, even if retired		THE OF BOSHIESS OR MIDOS	II. DINITIES	L (Cour	ny or orane, o	/ loreign country)	12, 0,,,,			
				MARYL	AND				U.	S. A	1.
3. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME					
Market T					Maa						
WILLIAM I		CES2   14	SOCIAL SECURITY NO.   17.	SARAH	Mos	BY	Address				
	If yes give wer or detes of se		SOCIAL SECORITI NO. 17.	MICHIANI			Addies				
				Hospi	TAL	RECOR	DS				
18. CAUSE OF I	DEATH (Enter only one	cause per li	ine for (e), (b), end (c).)	1 +	1	1 4				RVAL BE	
PART I. DEAT	H WAS CAUSED BY:	PU	MONARY	Em	ho	11			ONS	ET AND	DEATH
146	IMMEDIATE CAUSE (a)_			5 / 1	00	-/-					
	DUE TO	1141	DIONCT V	T. Alc	1	ra 1	1 · lut-	0 0-1	1		
Conditions, if en	y, which \ (b)	V111	1160SE V	EINS	(4	EG F	PILATE	14HL	-		
geva rise to immed	A DIRETO							/			
(e), stating the u	underlying	1411	DERTEN	SIVE	40	12n	This	FIAC	F		
	(c)_	I Shirt	TO DEATH BUT A	ON DELIVED TO TO	TEDALI	NAL DISEAS	COMPLETION CIN	(ENLINI DADT	1/-)   10	WAS	AUTOPSY
PARI II. OTHE	K SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT N	IOT KELATED TO TE	IE JEKMII	MAL DISCASI	CONDITION GIV	YEN IN PARI	1(0) 19		DRMED?
3									Y	ES K	NO
20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURE	D. (Enter nature of	injury in	Part I or Pert	II of item 18.)				
PART II. OTHE  20a. ACCIDENT W OR CONTRIBUTING UIF EITHER, NOTIFY	MEDICAL EXAMINER)										
20c. TIME OF INJU	JRY Month, Dey, Yea			ACE OF INJURY (Hectory, street, office I			ity or town)	(Coun	ty)		(Stete)
Hour a.m.	19	While et wor	THOU WE THING	c.c.// silver, onice i		1					
				Janes as	. 11	10/1	1/12	101	2	1 (I) a	V:
21. I certify	that (I) This has the		ded the deceased from		ATUO	1961, 10	4	19(		at (I)	/ /
saw the decea	sed alive on	3	19 and the	death occure	d at	M, fro	m the causes	and on th	ne dat	e stafe	d above
220. SIGNATURE	10/	1.)//	VII								DATE
	Laken	WII	10 KU	ATTENDING		MED. DIRECTOR	STAFF PHYS.				SIGNED
22c. PHYSICIAN'S	1 MARCA	10	1 mount	M.D. PHTS.	це				-		
NAME (Type	)			120, 71001		0	Min				
	JOHN P. N	ARTII	Y, PND.		SAND		ING, MAR				
23a. BURIAL, CREMAT	ION, 23b. DATE THER	EOF	23c. NAME OF CEMETERY	OR CREMATORY		23d. LO	CATION (City, to	wn or county	)	(S	itate)
REMOVAL (Specify	2-26-6	2	Round Oak	em.		Sp	encervil	le. Md			
of leading diprove	DI CICHATURE	4	UnADDRESS		25a RFC		STRAR 25b. RE		IGNATI	JRF	
THE PROPERTY OF	Marin Aller	ewe	374				100	_			
Robert L	• Snowden		Rockville, Md.		DATE F	EB 2 7	02	Inthun S.	1 has	44	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

119167	CERTIFICA	IL OI DEATH		08120						
1. PLACE OF DEATH o. COUNTY Nontgomery	MARYLAND	2. USUAL RESIDENCE (Where do o. STATEMaryland	eceased lived. If institution b. COUNTY	Baltinore						
b. CITY OR TOWN (If outside carporate limits, wring RURAL and give nearest town)  Gaithersburg	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RU	JRAL and give nearest town)						
d. NAME OF HOSPITAL (If not in hospital, give stood of International Methodist Ho	ome for Aged Inc	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO								
3. NAME OF First DECEASED (Type or print) John	Middle Wesley		PATE Mont	th Day Year 1962						
TITO CALL	MARRIED NEVER MARRIED OWED DIVORCED	April 9, 1868	9. AGE (In years birthdoy) yrs.	Months Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)  packing & shipping	10b. KIND OF BUSINESS OR INDUS	Mawrland	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME William Henry Tice		14. MOTHER'S MAIDEN NAME Eliza Steva	rt.							
		NFORMANT SCORES OF Asbury	Addr							
PART I. DEATH [Enter anly one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  Conditions, if any, which gave rise to immediate couse (a), stoting the under- lying cause lost.  (c)	Congestive Arterioscle	Heart Fa rotic Hear	ilure + Disea.	Several year						
PART II. OTHER SIGNIFICANT CONDITIO	OMA OF PODESCRIBE HOW INJURY OCCURRE	rostute		EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
Hour a.m.	Od. INJURY OCCURRED 20e. PL  (hile Not while wark at work	ACE OF INJURY (Hame, farm, 20 ctory, street, office bldg., etc.)	f. (City or town)	(County) (State)						
sow the deceased olive on 2 -1 22a. SIGNATURE  A. A	220. SIGNATURE  A.D. ATTENDING MED. STAFF SIGNED  220. PHYSICIAN'S  220. ADDRESS  221. ADDRESS									
230. BURIAL, CREMATION, REMOVAL (Specify) 2-22-1962	23c. NAME OF CEMETERY O		LOCATION (City, town, c							

anthon & Krous

VR A15 (4) 15M 9/59

F.C. Higinbothom, Ellicott City, Md

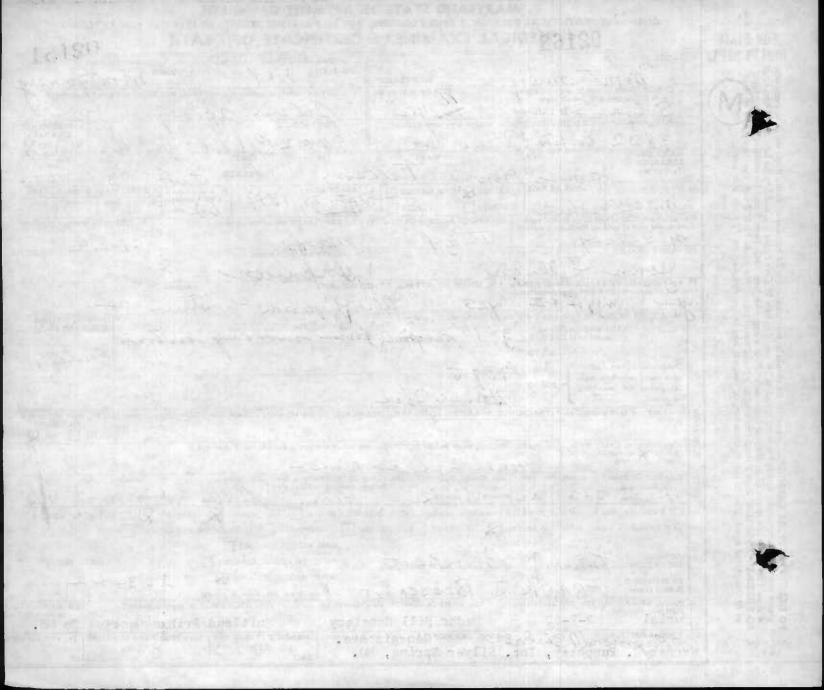
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# FOR STATE HEALTH sector. Page cur files.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

021	SMEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

FUR STATE	UZI FAEDICAL EXAMINER'S CERTIFICATE OF DEATH	0041-
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Re	sidence before admission)
Page les.	e. COUNTY MARYLAND E. STATE MY b. COUNTY M	n to amore
SS G.	b. CITY OR TOWN (if outside corporate limits   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits write RIPRAL and	give marest town)
2 記述する	write RURAL and give/heerest town) Silvar Sprang & Mrs. 4 Dilvar Dh.	
in B	d. NAME OF HOSPITAL OR INTITUTION (it not in hospitel, give strept address)   d. STREET ADDRESS	I e. IS RESIDENCE
d d d d	9832 Capital View Cor 9832 Pat Lochie C.	ON A FARM? YES NO
fun fun siah sath	3. NAME OF First Middle Last LA PATE Month	Day Year
If an the retre	(Type or print) James Assay Tullson DEATH 7.6	3 1962
after the	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (In years   IF UNDER 1 Y	
de may wi urs	mal. J J Minor Sept. 29, 1899 last birthday) Months De	eys Hours Min.
2, a 5 ind 5	10s. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 1 11. RIPTHPI ACE (State or foreign country)	EN OF WHAT COUNTRY?
1 s 1, age 1 2 7 2 7 2 7 2	done during most of working life, even if retired)	
ages ges thin	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	-S-Q
Zow Zow Z	John Fillran	
I O E II O	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address	
3 wi 1 18 1 f 1 f 1 f 1 f 1 f	(Yes, to, or unkown) (Ifyesgiye wer or deles of service)  YES albert Ged 22 - Step 2	
will will will will an	(18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)	INTERVAL BETWEEN
nsit ong insit d ir	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (0) 3rd cleane from morbing lutini	ONSET AND DEATH
ancianci I-tra	CALLA	0 11
Ild ffic oval	Conditions, if any, which (b) fails	Buddey
sho a s o emo	geve rise to Immediate cause	
ate ndin ner ner or r	(e), steting the underlying DUE TO cause lest.	
per Camillo	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	(e)   19. WAS AUTOPSY
be be		PERFORMED?
This	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Pert fl of Item 18.)	YES NO
Sho sho	20e. EXTERNAL CAUSE WAS PRIMARY ST OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	
hier bur bur bur bur bur bur bur bur bur bu	20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County)	y) (Stete)
Pag of	Hour e.m. While Not While factory, street, office bldg., etc.)	nonte mo
cate to the prior		and in my opinion
A Party	death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner	and in my opinion
DIO B ce BEC BBE	CHIEF MEDICAL EXAMINER	
AB	ACTUAL ACTUAL ACCIONANT MEDICAL EVAMINED	DATE SIGNED
RAI juna	M.D. DEDITY MEDICAL EVAMINED TO	/ 2
executed be with the NERAL D designated	NAME (Type) FRANK J. BLOSCAZIT Address (Street, city, town, or county)	02
DEPUT ease exe should FUNE is desi	22e. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or country)	(Stete)
0 240 9	Burial 2-7-62 Cedar Hill Cemetery Suitland Prince Geor	cges Co Md.
VS. AISME	23. FUNEBAL DIRECTOR 10 Siska 8434 ADDRESS Georgia Ave.   240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGN	
5M 9/60	Warner E. Pumphrey, Inc. Silver Spring, Md. DATE 7 62 Chillian	8. Kinya
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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		02160		CERTIFIC	ATE	OF DEATH	1			02152
1.		7 If outsida corporata limi	ts,	MARYL		2. USUAL RESIDENCE  •. STATE  Virginia  c. CITY OR TOWN (I	a	b. COUN	TY <b>Vi</b>	enna 🗸
	Bethesda d. NAME OF HOSPIT			76 days		Great Fa		3.05	83	e. IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print)	eal Center, First Jame		nesda 14, Md Middle Chester		Route #  Tinkham	A. DATE OF DEATH	Month Februs		YES NO <b>X</b> Pay Year  10 19 62
	Male	6. COLOR OR RACE  White  ION (Give kind of work	WIDOW		Fe	bruary 3, 19	944	AGE (In years last birthday)  8 yrs.	Months Day	rs Hours Min.
d	Student  FATHER'S NAME	rking life, even if retire	d) 106.	None	אונטעא	Washingt  14. MOTHER'S MAIDEN	ton, D.			U.S.A.
	18. CAUSE OF D PART I. DEATH Conditions, if any gava rise to immadia (a), stating the units of the conditions of the con	ER IN U.S. ARMED FOR fyes give war or dates of superior dates of s	cause per	228-54-5212 line for (a), (b), and (c).	The	Luella S	Medical enter,	Record	a llı, M	aryland INTERVAL BETWEEN ONSET AND DEATH 5 months
CERTIFICATION	2Da. ACCIDENT WA					RELATED TO THE TERMIN			EN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL		hat 11) (this hospited alive on Feb	white at we stall attended to the stall atte	ork Not While at work nded the deceased	facto	PHYS. D	1961. to.1 U.M. AM MED. DIRECTOR  DIRECTOR	Tebruary the causes STAFF PHYS.	Februar	2 that (PX (we) last date stated above.  22b. DATE SIGNED TY 14, 1962  National
	e. BURIAL, CREMATII REMOVAL (Specify) Surval FUNERAL DIRECTOR	Feb- 17	1962 Lunca	23c. NAME OF CEN Mot. Mer ADDRESS FallsChu	netery con		123d. LOCA Fall C'D BY REGISTE	Chus RAR 256. REC	ch.	(Stata)  Out  NATURE

VR A15 (4) 15M 9/60

TO HOSPITAL

abao dive

Transla O. Sinking

ALTER STORY

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February 3, 17th 15

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romine offers become Canthill will

200-51-5:12 the Aliniana demons, Personal Lie Sangland

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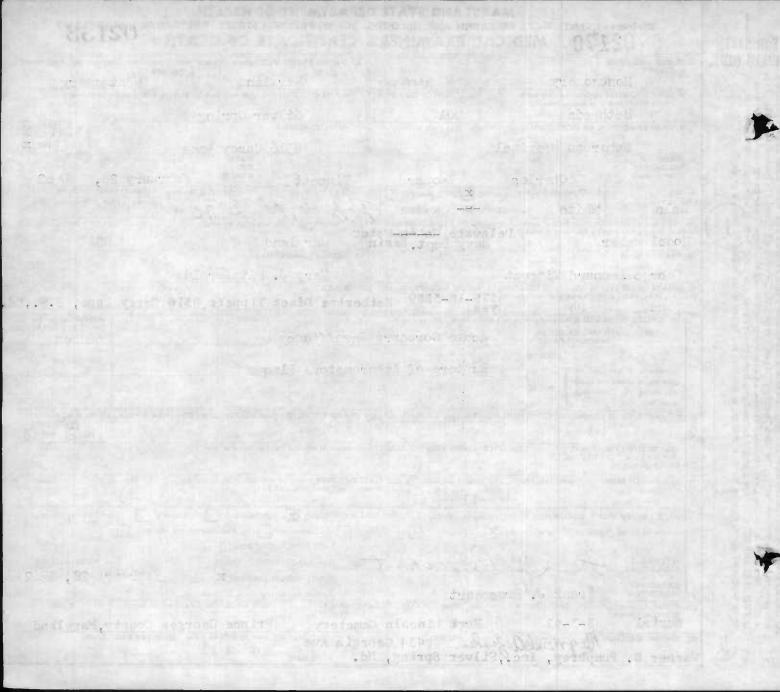
TO DEPUTY MIDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execut. As certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral factor. Page 4 should be for warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for fully and ITEM DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 8 with the State Board of Health, or igs designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

d

VS. A15ME 5M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 02170 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)								
Montgomery MARYLAND	Maryland b. county Montgomery								
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end								
write RURAL and give nearest town)  Bethesda  DOA	X Cálema Comána								
d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress)	Silver Spring  d. STREET ADDRESS  1 o. IS RESIDEN								
	7	ON A FARM?							
Suburban Hospital  3. Name of First Middle	8316 Carey Lane	YES NO							
DECEASED	Last 4. DATE Month OF	Day Yeer							
(Type or print) Charles Leonard	Tippett February								
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 Y								
Male White WIDOWED DIVORCED	Foh 16, 1892 lest birthday) Months D	ays Hours Min.							
100. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLAGE (State or foreign country)   12. CITIZ	EN OF WHAT COUNTRY?							
done during most of working life, even if relired)  Delaware Watin Wat  Model Maker  Navy Dept. Basin	Maryland	USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	UDA							
Q									
George Leonard Tippett	Mary J. FitzGerald								
(Ver an or unknown) ((If yet give were deterate print) F70 10 F700	INFORMANT Address								
no no yes Kat	therine Diack Tippett 8316 Carey	Lane, S.S.,							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Acute Coronary	Insuffiency	sudden							
4 2 0 1 DUE TO		Dana							
	eromatous Plaque								
geve risa to immediate cause	eroma tous rraque								
(e), steting the underlying DUE TO									
cause last. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?									
<b>X</b>		YES NO							
	(Enter nature of injury in Pert I or Part II of item 1B.)								
	PRIMARY Or CONTRIBUTING								
	ACE OF INJURY (Home, ferm, ' 20f. (City or town) (Coun	ty) (State)							
Hour e.m. While Not While et work	story, street, office bldg., etc.)								
21. I certify that I took charge of the remains described above, h	eld an Autopsy 🔀, Inspection 🗍, Inquiry 🗍,	and in my opinion							
Zi. I colling that I look charge of the foliation described described		and in my opinion							
doubt as land to National assure [57] And doubt [7] Suit									
death resulted from: Natural causes X, Accident , Suit									
1 1	CHIEF MEDICAL EXAMINER								
death resulted from: Natural causes X. Accident . Suit	CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED							
ACTUAL FRANK J. Broschart	CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED 1962							
1 . 0	CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   M.D. ASSISTANT MEDICAL EXAMINER								
ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  Frank J. Broschart  228. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OF	CHIEF MEDICAL EXAMINER   M.D. ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   Februs  Address (Street, city, town, or county)								
ACTUAL SIGNATURE  EXAMINER'S NAME (190)  Frank J. Broschart  220. Burial, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) REMOVAL (Specify)	CHIEF MEDICAL EXAMINER   M.D. ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   Address (Street, city, town, or county)  OR CREMATORY  22d. LOCATION (City, town, or country)	(Stete)							
ACTUAL SIGNATURE JAMA STORCHART  EXAMINER'S Frank J. Broschart  22e. Burial, CREMATION, REMOVAL (Specify) Burial 3-3-62 Fort Lincoln (	CHIEF MEDICAL EXAMINER   M.D. ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   Address (Street, city, town, or county)  OR CREMATORY  22d. LOCATION (City, town, or country)  Cemetery  Prince Georges Country	(Stete)							
ACTUAL SIGNATURE JAMA STORCHART  EXAMINER'S Frank J. Broschart  22e. Burial, CREMATION, REMOVAL (Specify) Burial 3-3-62 Fort Lincoln (	CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   Address (Street, city, town, or county)  OR CREMATORY  22d. LOCATION (City, town, or country)  Cemetery  Prince Georges Count  Orgia Ave   246. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	(Stote)  (Stote)  (Stote)  (Sharyland  Sharure							



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) PLACE OF DEATH b. COUNT omer MARYLAND c. LENGTH OF STAY IN 1b (If outside corporete limits, write RURAL end)give neeres lown) OR TOWN oulside corporele limits. MINUTES e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO F completely NAME OF Middle DECEASED DEATH FEBRUARY 19 6 (Type or print) 8. DATE OF BIRTH AGE (In yeers 1 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED lest birthday) Months and WIDOWED | DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME please aftending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgivewerordatesofservice he INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate ceuse DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO . 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING | OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) (State) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. | certify that (I) (this hospital) attended the deceased from....... to. 1962 and that death occured at.M.A.M, from the causes and on the date stated above saw the deceased 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. death. Page 4 22c. PHYSICIAN'S 22d. ADDRESS page director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) SUBURBAN OI CREMATION 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE HUSPITAL VR A15 (4) CARTER ADMIN. 15M 9/60 DATE

ARYLAND STATE DEPARTMENT OF HEALTH

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in by the funeral and 2 should

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician.

TO FUNERAL INECTOR: After this certificate has been signed by the attending physician and completely filling in by the funeral director, page should be defached for use as the burial-transit permit. Then please remove carbon papers. Permit and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

4	MARYLAND STATE DEPARTMENT OF HEALT
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,
	02172 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEAL	TH
AL RESEARCH AND RECORDS, 301 W. PRESTON STREE	T, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH	02155

	02133
i. Place of death a. county Montgomery Maryland	USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission a. STATE     b. COUNTY
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
write RURAL end give nearest town)	47Y.3
Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Washington 4/X 3 d. STREET ADDRESS   0. IS RESIDEN
	3328 Runnymede Place N W YES NO.
Suburban Hospital NAME OF First Middle	3328 Runnymede Place, N. W.   YES   NO
(Type or print) EULA HAILE	NDERWOOD OF DEATH FEB 6 1966
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HF
TE WH WIDOWED DIVORCED	4-17-84 77 45.
De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE	South Carolina  12. CITIZEN OF WHAT COUNT  U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Felix Haile	Prudance (Unknown)
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	NFORMANT Address
fes, no, or unkown) (If yes give we ror detes of service)	Delah Managarah dan Kabupatèn Kabupa
NO NONE Mrs  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	. Ralph McDowell-daughter- Same
	IFARETION - HEART BLOCK ONSET AND DEATH
Conditions, if any, which gever rise to immediate ceuse (e), stating the underlying ceuse lest.  (c) ARTERIO SCLE  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	TO S 15 Generalyse
PAKI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	PERFORMED  YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I or Pert II of item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	March 13, 1960 to felt. 5, 1962 that (I) (we) death occurred at
Lobert G. Daylor M	ATTENDING MED. STAFF DIRECTOR PHYS.   ATTENDING MED. STAFF DIRECTOR PHYS.   22b. DAT
22c. PHYSICIAN'S NAME (Type) ROBERT G. TAYLOR	WASHINGTON CLINIC, WASH!
36. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Urial-Transit 2/8/62 Haile Cemet	or CREMATORY 23d. LOCATION (City, town or county) (State)  tery Jonesville. South Caro
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Robert A. Pumphrev. Bethesda. Mary	vland DATE FEB 9 '62 Cultur S. Thurs

68.1513 111000 nbasnds8 Дал 2 одон плочиом 1 ins. island of omn't -daughter - Buno A REPORT OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF Consulta france blames the filtre of the contract of the contract of Day & St. C. C. Let St. 160 KERSTELL STELL TRANSPORTER NO TO THE TOTAL STELL Period Transit 2/6/62 Helle Cemerer: Johnseille, Scott Cord Robert A. Pumphrev, Bridgeda, Maryland ...

# PHYSICIAN: The law requires that the death certificate be executed within 24 hours after by be retained by the hospital or attending physician. RECTOR: After this certificate has been signed by the attending physician and completely file. Mould be detached for use as the burial-transit permit. Then please remove carbon papers. Pure the proof of the p please remove carbon papers. Pand in any event, within 72 hour burial, cremation, or removal, ATTENDING TO FUNERA director, page be filed with the S TO HOSPITAL

VR A15 (4)

15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 3	301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	02173 CERTIFICATE	OF DEATH 02156
П	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before edmission)
u	e. COUNTY	a. STATE / b. COUNTY
	b. CITY OR TOWN (if ourside proporete kmits, c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporete limits, write RURAL end give neerest low)
	write RURAL end give nearest town/	47X·3
ч	Takoma tark 19 days	TXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street edd(ess)	d. STREET ADDRESS 5130, Connecticut Ave., o. IS RESIDENCE
	Washington Den + Hosp.	TECKEDOCCIONACIONACIONE N.W. YES NO M
	3. NAME OF First Middle	Last 4. DATE Month Dey Year
	(Type or print) &c. Arthur Thomas	11.73 DEATH 2 25 1962
		DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
		lest birthdey) Months Deys Hours Min.
	100. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	done during most of working, life, even if refired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Dentist Dentistry	Md. USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Davide 11.to	Elizabeth Muers
-		NEORMANT Address
	(Ifyesgivewerordetesofservice) 579=52=3902A	tospital Records
	PART I. DEATH WAS CAUSED BY,	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO DO A	. ) 100-
	Conditions, if ony, which (b) thothey which	of full stones to fection right
	geve rise to Immediate cause	
	(e), steting the underlying DUE TO	
	cause lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \sum \ \text{NO} \)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury in Pert I or Pert II of item 18.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) pry, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	2-7 1962 to 2-25, 1962 that (1) (we) last
		death occured a8A.M, from the causes and on the date stated above.
	22a SIGNATIRE	22b. DATE

22c. PHYSICIAN'S NAME (Type)

22d. ADDRESS,

MED. DIRECTOR PHYS. SIGNED

23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY

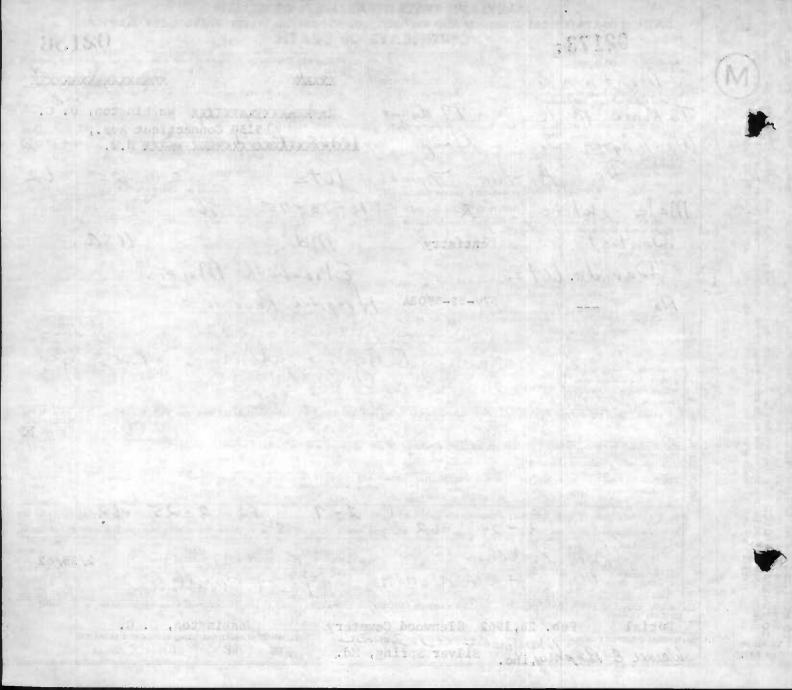
PHYS.

23d. LOCATION (City, town or county)

24 FUNERAL DIRECTOR'S SIGNATURE ROUGHOUND CORESS, ZISRA
Wainel & Pampetry, inc. Silver Spring, Md.

Washington, D. C.
250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1 '62

Cathan S. Kraus



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afterdeath. Page may be retained by the hospital or attending physician.

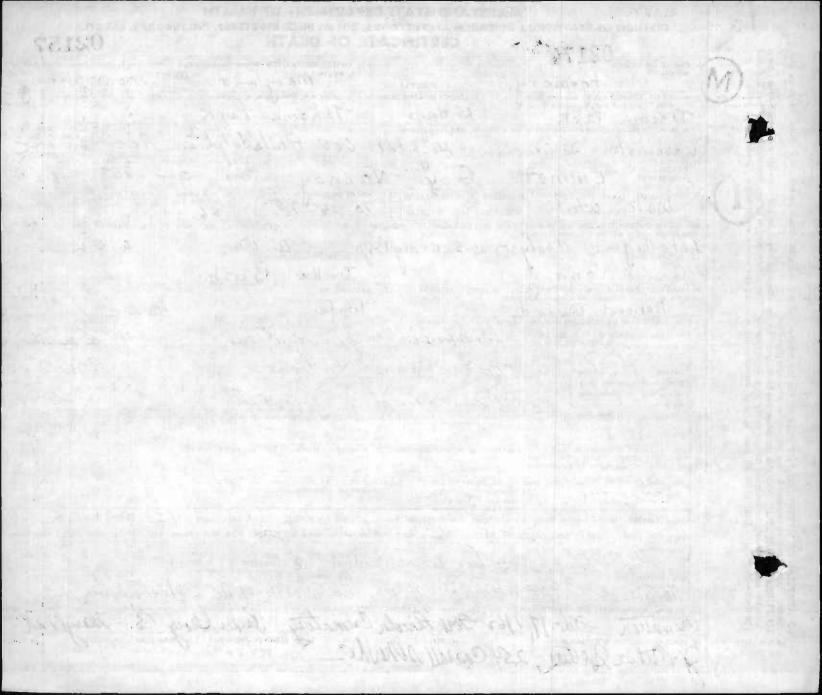
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15M 7/61

MARYLAND CTATE DEDARTMENT OF HEALTH

		MAKILAND 3	IAIE DEP	AKIMENI OF	HEALIH	
DIVISION	OF STATISTICAL	RESEARCH AND	RECORDS, 3	01 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
3877	02174	CERT	IFICATE	OF DEATH		02157
THE OF BUILDING			11.0		1.00	D 11 b ( 1

	1.	PLACE OF DEATH  a. COUNTY	2. USUAL RESIDENCE (Where decassed lived, If institution: Re	sidence bafore admission)
M		Montgomery MARYLAND	. STATE Maryland b. COUNTY Mo	ntgomery
	1	b. CITY OR TOWN (if outsite corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (Foutside corporate limits, write RURAL and	give negrast town)
	-	Takoma lark 13 days	18 Takoma Park	
15	_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street Address)	d. STREET ADDRESS	e. IS RESIDENCE
-	1.	is-hisoto Y. L. Illiatel	605 Philadelphia Ave	YES NO
	3.	NAME OF SANITATION THOSPITE!	Last 4. DATE Month	Day Year
		OECEASED V FMMett GILL V	OF 2	-
1			B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 Y	
		Male white		Bys Hours Min.
	10-	WIDOWED DIVORCED	10-14-10 66 yrs.	
	do	u. USUAL OCCUPATION (Give kind of work na during most of working life, avan if retired)	RY 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZ	EN OF WHAT COUNTRY?
	1	ntelligence, anglyst 4.5. army Co	no W. Va 4	.s.a.
	13.	FATHER'S NAME	4. MOTHER'S MAIDEN NAME	
		George Vannoy	Della Bush	
		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address	
	,	National Guard	Wife sam	0
		18. CAUSE OF DEATH [Enter only one cause per lips for (a), (b), and (c).]	# 1	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: Lackey ia 9	* Emacialeur	& menths
T		7 7 Y DUE TO A A	1 1	
		Conditions, if any, which (b) Metastases	I to boxes	9 movilles
		gava rise to immediate cause	. 0	11
		(e), stating the underlying	of Prostate	6/240
_	z	PART II. OTHER SIGNIFICANT CONSTITUOUS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(e) 19. WAS AUTOPSY
)	6			PERFORMED?
	FIC.	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED	2. (Entar nature of injury in Part I or Part II of itam 18.)	I II NO E
	CERTIFICATION	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
			ACE OF INJURY (Home, farm, ' 20f. (City or town) (Count	(State)
	MEDICAL	Hour a.m. While Not Whila fact	tory, straat, office bldg., atc.)	(3/8/6)
	W	p.m. 19 at work at work		
		21. I certify that (I) (this hospital) attended the deceased from.	0 .	
		saw the deceased alive on	t death occured ay 250M, from the causes and on th	
		22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
		22c PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS.	
1		ANAME (Typa) C SHAFMILKED MD	CANCILLA Abuse D. Siling	1 111
		Horman G. SHOLMANEK, M.D.	12002 MOS CO DIA DL. D. 1081 76	YILB, MU
	238	BURIAL, CREMATION, 235. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d-LOCATION (City, town or cognty)	(State)
	0	remalion pur. 11, 162 sort Fincoln	Cumalory prince Herry Co.	marylond
2	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	REC'D BY REGISTRAR 256 REGISTRAR'S SI	GNATURE
A	1	Within Stelling 234 Carray Min	DATE FEB 1 9 02	M, Yours
V	11			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02175

02158

1. PLACE OF DEATH o. COUNTY		MAR	(LAND 2. USU a. S	ATE	/here deceased live	b. COUNTY	n: Residence before Montgon	are admission)
b. CITY OR TOWN RURAL ond give	ontgomery (If outside corporate limits nearest town) The Park	, write c. LENGTH OF STAY	IN 16 c. C		outside corporate l	imits, write RL		
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, giv			TREET ADDRESS	ontrose	. 42		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	IDA	HOUGHTON		TSENBUR	4. DATE OF DEATH	Feb		19 <b>6</b> 2
5. SEX Female	**L	7. MARRIED NEVER MARRI WIDOWED MODEL DIVORCE	Dan		10	GE (In years st birthday) yrs.	Months Days	R IF UNDER 24 HRS Hours Min.
Seamstr	orking life, even if retired)	ne 10b. KIND OF BUSINESS C		Virgini	a	)	12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME Willia	m Jackson	Houghton		Annie E	lizabet	h Fog	g	
15. WAS DECEASED EV (Yes. no. or unknown)	/ER IN U. S. ARMED FORC (If yes, give war or dates of ser				ice Dupree	Addr S		Item 2.
200. ACCIDENT V	immediate g the under- DUE TO  Col. (c).  THER SIGNIFICANT COND	Devilons CONTRIBUTING TO DE CONTRIBUTING TO DE CRIBE HOW INJURY CO.	1	Inle	dia	Str	EN IN PART 1(a)	19. WAS AUTOPS) PERFORMED? YES NO
	JRY Month, Doy, Year	7 20d. INJURY OCCURRED While Not while of work		NJURY (Home, far et, office bldg., e		own)	(County	r) (Stote
21. I certify the saw the decendary 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ased alive an 1	SAM ALLEN	I that death a	ccurred at		causes an		e stated abave
23a. BURIAL, CREMAT REMOVAL (Specif	10N, 23b. DATE THEREOF	23c. NAME OF CEN	NETERY OR CREMA		23d. LOCATION Remin		,,	(Stote) irginia
24. FUNERAL DIRECTO		ADDRESS		-	C'D BY REGISTRAR	25b. REGIS	STRAR'S SIGNATU	URE

TO FUNERAL PER PAGE 10 PAGE 3 shauld a the State Board of H TO HOSPITAL OR VR A15 (4) 15M 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

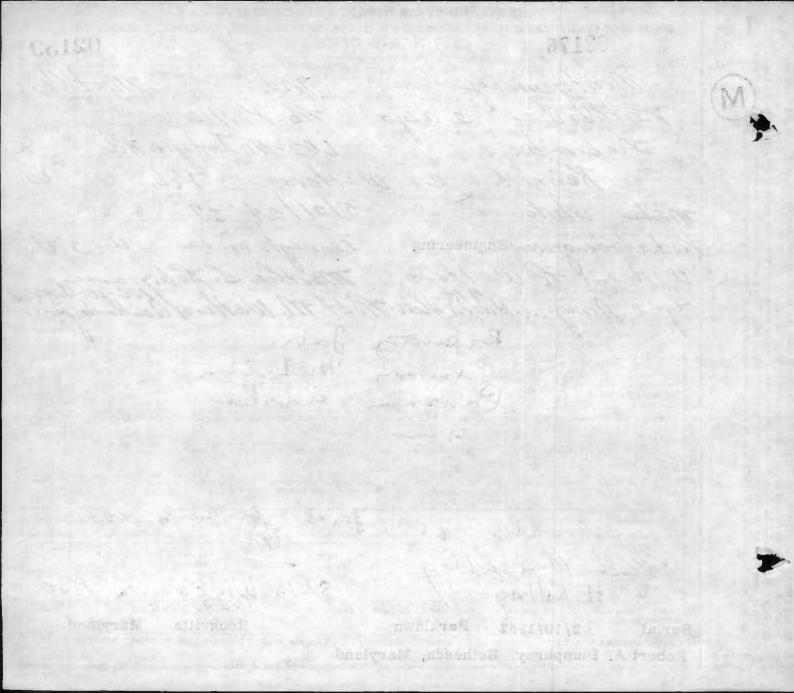
by the haspital ar attending physician.

\*\*IOR: After this certificate has been signed by the attending physician and campletely filled in by detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and? Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after Death

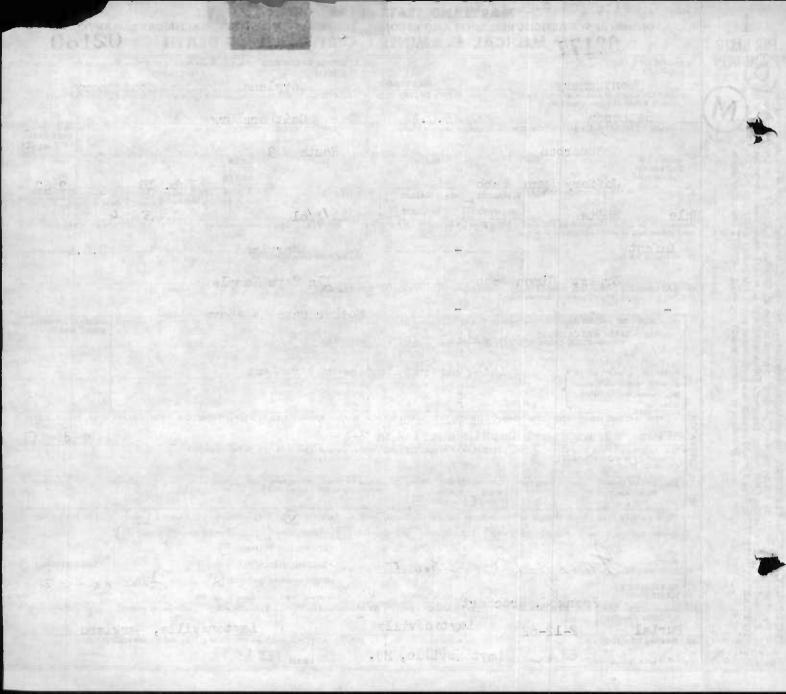
file funeral director,

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PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside Corporata Limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) d. STREET ADDRESS e. IS RESIDENCE IUTION (if not in hospitel, give street edge ON A FARM? YES NO completely 3. NAME OF Middle DATE Year DECEASED OF (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF 7. MARRIED NEVER MARRIED last birthday) Months 9 and Hours WIDOWED DIVORCED USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Engineering 13. FATHER'S NAME MOTHER'S MADEN NAME please = ding aften 15. WAS DECEASED EVER IN U.S. ARMED FORCEST Then (Yes, no, or unkown) | (If yet give war or detes of service 0 CAUSE OF DEATH INTERVAL BETWEEN þ ONS AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate ceuse DUE TO (a), steting the underlying NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY CERTIFICATION PERFORMED? as NO F 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (Stete) Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY factory, street, office bldg., etc. While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. 12 and that death occured at 2 from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. TO FUNERAL director, page be filed with the 22c. PHYSICIAN'S 22d. ADDRESS (Type 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) Parklawn Rockville Maryland IO Burial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Robert A. Pumphrey Bethesda, Maryland 15M 9/60



4	It	em 18 Film 307 2-26 WARYLAND STA	TE DEPARTM	ENT OF HEAL	TH		
		Division of STATISTICAL RESEARCH AND REC	ORDS, 301 W. PI	RESTON STREET,	BALTIMO	DRE 1, MAR	
FOR STATE		02177 MEDICAL EXAMIN	ER'S CERTIF	ECATE OF I	DEATH	02	160
HEALTH DEPT.		PLACE OF DEATH  COUNTY  MONTGOMETY  MARYL	e. STATE	ESIDENCE (Where dece	esed lived, If I b. COUN	TY	
True de la constante de la con		MONTGOMERY  b. CITY OR TOWN (if outside corporale timils, write RURAL end give neerest town)  C. LENGTH OF STAY		Maryland TOWN (If outside corpore	ete limits, write	Montgome RURAL end give	neerest town)
Board and		Bethesda  D.O.A  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET A	44 =	3	St.	ON A FARM YES NO X
any de e fune stainec State Jeath.		NAME OF Suburban First Middle DECEASED	Route	4. DATE OF	Month	Dey	Yeer
3 to th 3 to th be re th the after o		(Type or print)  Jeffery Lynn Webb  SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH	DEATH 9.	Feb.	10 IF UNDER 1 YEAR	618 62 IF UNDER 24 HRS.
er de , and 5 may 1 2 w nours	Ma	Le White WIDOWED DIVORCED  USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR I	11/4/6	61 CE (State or foreign count	last birthday) yrs.	Months Days	Hours Min.
hours aff ages 1, 2 3. Page ges 1 and thin 72	do	Tnfant		Maryland Maloty NAME	(17)		.S.A.
PM3.		Ernest Simon Webb					
withir 18. Gram form ait. Fill		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO s, no, or unknown) (Ifyesgivewerordelesofservice)		Faye Temple			
n Item in any		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY:	.1	same as abov	<i>r</i> e	IN'	TERVAL BETWEEN
encil i e alor il-trans		754. 2 DUE TO	rt disease				
hould hould Office s buris		Conditions, if eny, which geve rise to immediate cause	ular septal	defect			
anding niner's od as a		(e), steting the underlying DUE TO cause last. (c)					
ord "pord "p	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Bilateral inguinal hernia operat:		HE TERMINAL DISEASE CO	ONDITION GIV		PERFORMED?  YES NO
the we Medica should al, crea	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.		ury in Pert I or Pert II of It	lem 18.)		
writing Chief age 3 to buri	MEDICAL	Hour e.m. While Not While	20e. PLACE OF INJURY (He fectory, street, office b	tome, ferm, 20f. (Cily o	or town)	(County)	(Stete)
icate, to the OR: Prior	W	p.m. 19 et work et work 21. I certify that I took charge of the remains described about	ove, held an Autopsy	/ M. Inspection	, Inquir	y , and	l in my opinion
SDICA The certification of agent,		death resulted from: Natural causes X, Accident ,		omicide, Unde	etermined m	anner _	
nated O		SIGNATURE TRANK J. Breschar	M.D.	ANT MEDICAL EXAMINER		1	DATE SIGNED
D X D H &		EXAMINER'S NAME (Type)  BURIAL, CREMATION, FRANKE JAKE Brochart NAME OF CEME	A.44	MEDICAL EXAMINER	ounty)	legace (mail	0-62
O DEP please 4 shoul O FUN or its d	220	Burial (Specify)  Burial (2-12-62 Laytonsvi		Lay to	nsville		(Stote)
VS. AISME	1	runeral Director Address Laytonsville,		240. REC'D BY REGISTRA DATE FEB 1 4 '62	R   24b. REG	STRAR'S SIGNAT	
5M 9/60 //	2	0732+3155		wait			



# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page A may be retained by the hospital or attending physician. TO FUNERI, PIRECTOR: After this certificate has been signed by the attending physician and completely ### din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. It is apple 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours After death.

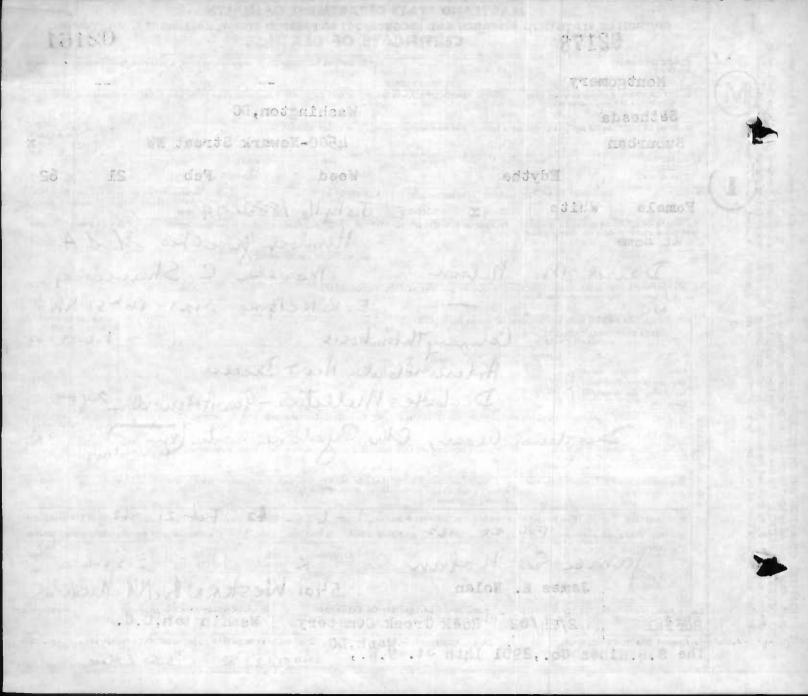
# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02161

- 10 44	• 0						
1. PLACE OF DEATH a. COUNTY	EN HARM		2. USUAL RESIDEN	NCE (Where decessed	I tived, If institution: Reb. COUNTY	esidence before edmission	
Montgomer		MARYLAND				- V	
b. CITY OR TOWN (if outside write RURAL end give nea	corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL and	give neerest town)	
Bethesda	rest town)		Washingt	on, DC		47x.3	
d. NAME OF HOSPITAL OR II	NSTITUTION (if not in hosp	pitel, give street eddress)	d. STREET ADDRESS			. IS RESIDENCE	
Suburban			4500-Ne	wark Str	eet NW	YES NO	
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey Yeer	
(Type or print)	Edythe		Wood	OF DEATH F	eb 2	21 19 62	
5. SEX   6. COL	OR OR RACE 7. MARRIED	NEVER MARRIED 1 8	DATE OF BIRTH	9. AGE	(In years   IF UNDER 1 )	YEAR   IF UNDER 24 HRS.	
Female Wb	ite WIDOWED		July 16	1882 70	Months D	Pays Hours Min.	
10a. USUAL OCCUPATION (GIVE	e kind of work   10b, KI	ND OF BUSINESS OR INDUSTR	Y I 11. BIRTHPLACE COU	unty & Stete, or loreign		ZEN OF WHAT COUNTRY	
At Home	, even if retired)		Hen la	0 0	office 1	1111	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	INAME TOVE	0 200 /0	1.4.17.	
1:0	Ma h.	0.00	W.	0 0	()		
David	11/2 1/6	Noon	Mar	illa C	> Mu	nway	
15. WAS DECEASED EVER IN U.S (Yes, no, or unkown)   (Ifyesgive)		SOCIAL SECURITY NO. 17. 1	NFORMANT		Address	\	
NO			E. R. Ne	Ison 3	121-16	- ST NW -	
18. CAUSE OF DEATH (	Enter only one cause per li	ne for (e), (b), end (c).]				INTERVAL BETWEEN	
PART I. DEATH WAS C		The state of the	basis			Feb-13 - 62	
- / A X							
2600	260 A DUE TO A 1 D						
Conditions, if eny, which geve rise to immediate cause	1-1	rterus Teler	the Aleri	Siseese			
(e), steting the underlying	DUIL TO N	1-111	1. 00 +	0 1	4	2	
cause last.	) (c)	Diabetes V	Wellie.	- yen. It	Herivides	740	
PART II. OTHER SIGNIFIC	CANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN PART	1(e) 19. WAS AUTOPSY	
T.	110	and Cha	. Pyelo.	to a const	Dia (	PERFORMED?	
20a. ACCIDENT WAS UNDE	RLYING TI 20b. DESC	RIBE HOW INJURY OCCURED			in 18.) Heplure	The second second	
PART II. OTHER SIGNIFIC  20%. ACCIDENT WAS UNDE  OR CONTRIBUTING  OR CONTR	E OF DEATH		0		· Heptore	nag	
		NJURY OCCURRED   20e, PLA	CE OF INTURY (Hamas for	1 205 (6)	16	ty) (State)	
20c. TIME OF INJURY M	onth, Dey, Yeer 20d. II While		CE OF INJURY (Home, fer pry, street, office bldg., et		vn) (Coun	(State)	
p.m.	19 et work						
21. I certify that (I)	(this hospital) attend	led the deceased from	1 - 6	19.62 to	eb- 21, 196	2, that (I) (we) las	
saw the deceased aliv	e on Feb 21	9	death occured at	M, from the	causes and on th	ne date stated above	
22a. SIGNATURE	, ,	^	A 777 LID IL LO		4.55	22b. DATE	
Jami	es S. V	Lolan m	ATTENDING PHYS.	MED. STA	AFF	21-62 SIGNED	
22c. PHYSICIAN'S		- 0 00000	22d. ADDRESS	1 1	A ****	1	
NAME (Type) J	ames E. No	olan	5401	Wester	N treMIN	Wash DC.	
238. BURIAL, CREMATION, 238	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or county)	(State)	
Burial (Specify)	2/24/62	Rock Creek	Cemetery	Washir	g ton, D.C	•	
24 FUNERAL DIRECTOR'S SIGNA	7 17	ADDRESS LPO	sh DC   25a RE	C'D BY REGISTRAP	25b. REGISTRAR'S SI	IGNATURE	
	Co.,2901	14th St. N.	N				
			DATE	EB 23 '62	arthur 8.	7 Crans	

VR A1S (4) 1SM 7/61



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL	RESEARCH AND RECORDS	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
02180	CERTIFICATI	OF DEATH		0216

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission)				
1	Montgomery MARYLAND	a. STATE Maryland b. COUNT Montgomery				
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	Bethesda	59 Bethesda				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?				
	7611 Whittier Blvd.	7611 Whittier Blvd. YES NO X				
	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Yeer OF To 1				
		ELLS DEATH Feb. 22, 1962				
-	7. MARGED TE THE YER MARGED	B. DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.  Another Days Hours Min.				
	WIDOWED DIVORCED	June 19, 1905   30 yrs.   8   3				
	Too. Clause Cupation (Give kind of work done during management and its example to the control of	RY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	WATER DITE BELVICE GOAL					
	Stewart G. Wells	Ida B. Starrin				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or detes of service)	Wile Some of Itom 2				
	No 075-07-6216 Et	HET I • WELLS				
Я	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH				
	IMMEDIATE CAUSE (0) MYOCARDIAL	NFARCTION IMMEDIATE				
	DUE TO	August - Aug				
	Conditions, if any, which \ (b) CORCNARY ART	CRY DISEASE WITH ANGINA Z MC.				
	geve rise to immediate cause (a), stating the underlying  DUE TO					
	cause last. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?				
3	ATA TO THE TOTAL THE TOTAL TO T	YES NO X				
		D. (Enter neture of injury in Pert I or Pert II of item 18.)				
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PL.	ACE OF INJURY (Home, ferm,   2Df. (City or town) (County) (State)				
	Hour e.mt	ctory, street, office bldg., etc.)				
		BET 10 57 to FER 72 1067 that (1) (wa) last				
	21.   Certify that (1) (this hospital) affenced the deceased from	t deeth occured at P.M., from the causes and on the dete stated above.				
	saw the deceased alive on	22b. DATE				
	Too Ma Contin	ATTENDING MED. STAFF				
	22c. PHYSICIAN'S	M.D. PHIS. D DIRECTOR PHIS. 224. ADDRESS				
	NAME (Type) LEO M. CURTIS	8218 Wisconsin Ave., Bethesda, Md.				
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)				
B	Burial-transit 2-25-62 Bethlehem	Cemetery Delmar, New York				
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
	ROBERT A. PUMPHREY Bethesda,	Md. DATE HAR 1 '62 Culling S. Krous				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician.

IO FUNERA TRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbor pagers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours and death. VR A15 (4) 15M 7/61

bun Lyrari nbeaman absorted. . Bera gentriew flat WELLS ... Feb. 25,-34 62 Total Correct Source Correction Acres Vorce ida b. Starrin Schwart G. Welle 073-07-0215 Educal P. walle Same on them 2. Mederalization INFARCTION - CONCLUREY BETTONY DISERSE WITH AUSILUA - 2 MC. - CCT 35 15 15 21 065 133

FEB. 19 WERE To M. Caption

BYTHUS IN DEL

8218 Wisconsin ave. Retheads, Md.

surfai-trahait 1-25-62 Nothlehem Cemetery Delmar, Jaw York

ROBERC A. PUREREY T Berbusch, Md. ... ... M. PRESERVE A. DESCON

55150

TANOTONIA ...

29/22/2

WINDONGHOM

VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02164

a. COUNTY	a STATE b. CQUNTY
Montgomers. MARYLAND	
b. CITY OR TOWN in outside corporate mits,   c. LENGTH OF STAY IN 16	c. CITY OR/OWN (If outside corporate limits, write RURAL end give nearest town)
write RURAL and give nearest jown /- /2-62	ALL DIE 11 CO 2
Jahama Jail 2-8-62	d. STREET ADDRESS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Wishington Jantacum 4 Hash tol	GOND Bedfald Arive YES NO
3. NAME OF First Middle	Last 4. DATE Month Dey Year
(Type or print) M.C.	111 / DEATH PLA 8 1062
1113 annie Maria	Conceled out
5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Temale White WIDOWED DIVORCED	9-20-88 73 15.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1 dl · / All House	Baltimary MI 71.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 / /	to a
Thomas Wheeler	Mary Hendrix
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown)   (Ifyesgivewarordatesofservice)	INFORMANT
Was give war or dates of service;	ashinoten dan + Hoop, tal recolds.
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c),)	I INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) /// CYCL & LOCK	( (MCC1)1111 12 10 1111 4 1-12-62
DUE TO	
Conditions, if any, which \ (b) (all) 17	Myselpe.
gave rise to immediate cause	
(a), steting the underlying DUE TO	in Cecumi
cause last. (c) ACCCCCC	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CAT	YES NO •
20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURE	ED. (Enter neture of injury in Part I or Pert II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF THE THER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ACE OF INJURY (Home, farm, '20f. (City or town) (County) (State) (ctory, straet, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	Feb. 1 1964 to Leb 8 , 1962 that (1) (we) last
10 6 2 10 6	the state of the s
	at death occured at 2P.M., from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Alban Mo	M.D. PHYS. DIRECTOR PHYS. L
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) JF10)ARR, MD	4500 611 ege Hre, 611-ege Pary 116
239. BURIAL, CREMATION, 235. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	istant Cemeling The Merbert - Mr. Line Manyland
Bureal 1840/0,1962 mediation not	11 -011-0100
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
11/2/14/11/11/15 254 (arroll of 7/11/7	1/28/1-17 (DATE & 3 162 ) Calling & Thomas
A Married Married and A Married Marrie	

by the hospital or attending physician.

GOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, detacted far use as the burial-transit permit. Then please remove carbon papers. Pages I and havid be filed with a burial, crematian, or remayal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DE page 3 shauld

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0218	2	CERTIFIC	CATE OF D	EATH		Reg. Dis Qi2	165
PLACE OF DEATH o. COUNTY Montgomery		MARYLAN		ENCE (Where deceased ryland	b. COUNTY	Residence before of Montgomer	odmission)
b. CITY OR TOWN (If outside corpor RURAL and give negrest town) Silver Spring	ate limits, write c.	2 years	b c. CITY OR T	OWN (If outside corporation)  lver Spring	rate limits, write RUF		
d. NAME OF HOSPITAL (If not in ho 9406 Garwood Stre	spitol, give street odd	ress)	9406	Garwood S	treet		S RESIDENCE ON A FARM? ES NO A
	First LYNOY /	HARVEY	Whitero	/ + OF	Month Februar	boy 5th,	Year 19 <sup>62</sup>
Female 6. COLOR OF Whit			T			Months Doys H	UNDER 24 HRS.  lours Min.
a. USUAL OCCUPATION (Give kind of during most of working life, even if rocurement Anylys	f wark done 10b. KIN Letired) D.C	School Boa		ACE (Stote ar foreign congton, D.C.		USA	WHAT COUNTRY
Walter Harvey				MAIDEN NAME anor Bagge	ər		
. WAS DECEASED EVER IN U. S. ARM	dates of service)		Richard P.	Whiteroft,	Addres 9406 Gar		Sil.Sp.
Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO  (b)  DUE TO  (c)	inoma of		icts with	melaslas		y r.c
PART II. OTHER SIGNIFICAN  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF		E HOW INJURY OCCU					PERFORMED?
(IF EITHER, NOTIFY MEDICAL EXAM	IINER)	Not while	PLACE OF INJURY (H factory, street, office	lome, form, 20f. (City bldg., etc.)	or town)	(County)	(Stote)
21. I certify that I attended alive an February  ACTUAL SIGNATURE Benne	5 , 1962 + G, Vo	te han,	mth occurred at	Colesville	Rd., Silve	d on the date	DATE SIGNED
O. BURIAL, CREMATION, 22b., DATE		Re. NAME OF CEMETERY rlington Ne	OR CREMATORY		(d., Silvers) ION (City, town, or		Feb. 5, 191 (State)
FUNERAL DIRECTOR'S SIGNATURE N.W. Chambers, Inc		ADDRESS		240. REC'D BY REGISTI	RAR 24b. REGISTR	RAR'S SIGNATURE	

DATE FEB 9

VS A15 (4) 15M 9/55

the registrar p

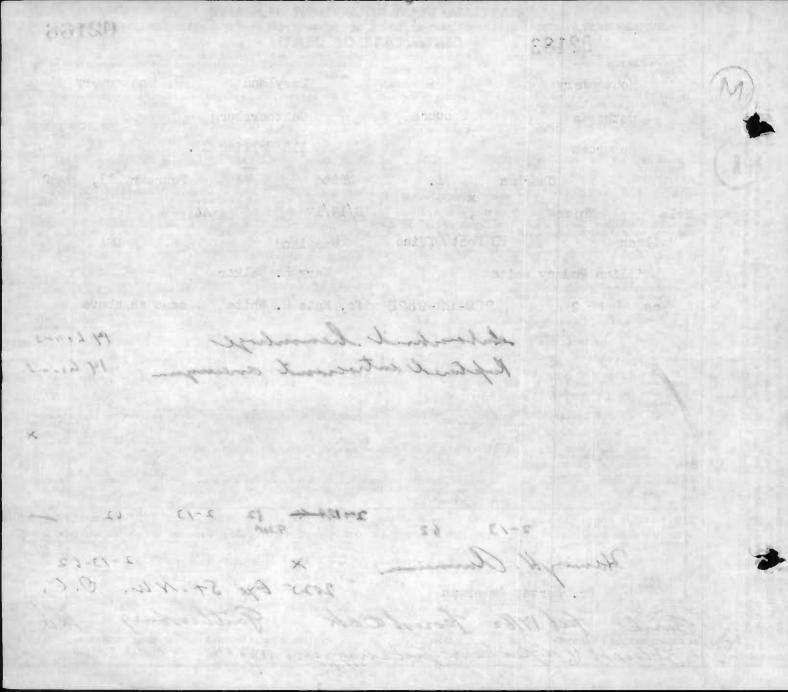
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		Full Indiana	
	a 4		
and the real air of the contract of the property for			
	*		
	10 SALL		
			. 1 . 151. 151. 15
			John,

A CONTRACTOR OF THE PERSON OF

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MATERIAL OF DEATH

		PLACE OF DEATH			CE (Where deceased lived, If		ce before edmission)
		Montgome ry	MARYLAND	e. STATE Mary.	Land b. cour	Montgome	ry
1		b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)			
,		Bethesda	8 hours	07 Gaithersburg			
t		d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
		Suburban	77/ 777 77				YES NO
		NAME OF First	Middle	Last	4. DATE Month	h Dey	Year
		(Type or print) Charle's	L.	White		ruary 13.	1962
Н	5.	SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED   B	. DATE OF BIRTH		IF UNDER 1 YEAR	
	M	ale White WIDOWE		8/13/17	lest birthdey)	Months Deys	Hours Min.
	10e	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
	00	Mailman US	Post Office	Maryland		USA	
1	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
U		William Rodney White		Mary E.	Walker		
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. s, no, or unkown) (Ifyesgive werondetes of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address		
	(10	yes WW 2	20-09-9528 w	ife, Kate H.	White sam	ne as abor	ve
		18. CAUSE OF DEATH [Enter only one ceuse per l	ine for (e), (b), end (c).]	1			ERVAL BETWEEN
2		PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	booksil	hemon	hose	14	Lours
)	1	42 4					
1		Conditions, if eny, which ) (b)	plued in	Gocrant	ansunger	_ /4	1 hours
6	14	goverise to immediate ceuse					
7	3	ceuse lest. (c)					
1	Z	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(a)   1	9. WAS AUTOPSY
1	CERTIFICATION					,	PERFORMED?
	TIFI		CRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 18.)		
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
7	WEDICAL			CE OF INJURY (Home, farm		(County)	(Stete)
	MED	Hour a.m. While p.m. 19 et wor	TAOL ALBINO	ory, sileor, office brog., etc	1		
		21. I certify that (I) (this hospital) atten-	ded the deceased from.	27121-4	1962, to 2-13	1962	hat (1) (we) tast
		saw the deceased alive on 2-13	19.6 Z, and that	death occured at 9	30/M, from the causes	and on the da	ate stated above.
		22e. SIGNATURS	7				22b. DATE SIGNED
		Hanney H. ()	Comeine M		DIRECTOR PHYS.	2-13	1-62 SIGNED
,		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	A C.		01
		Dr. Harvey Amm	erman	2025	Eye St. 1	·.u.	0. 6,
	23e	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	234. TOCATION (City, to	wn or county)	(Stete)
	0	Surel Tree 17/62	porest C	201K	Jackers	rolly	max
7.	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS -	25e. REC		GISTRAR'S SIGNAT	
);		Grenest & Fark	us fach	200 GLE DATE	FEB 1 6 '62	Chathun S. H	ANIF
	_			MCCV.			



VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12184

CERTIFICATE OF DEATH

02167

1. PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Whara decessed lived, If Institution: Residence before edmission)					
Mont go me ry	a. STATE b. COUNTY					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	OF STAY IN 16	c. CITY OR TOWN (If outside corporata limits, write RURAL and give naarast town)				
Silver Spring		Washing	ton, D.C.	47	X-3	
d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give stra	net addrass)	d. STREET ADDRESS			e. IS RESIDENCE	
Althea Woodland of Silver Sp	oring	1753 Ki	Thouma Di	N II	YES NOT	
	iddle	Lost	lbourne Pla		Year	
DECEASED (Typa or print) JOSEPHINE		WHITE	OF DEATH 2	20	19 62	
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER	MARRIED [ 8.	DATE OF BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS.	
FEMALE WHITE WIDOWED DI	IVORCED	12/7/1873	las bothday	Months Days	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSIN	IESS OR INDUSTRY	11. BIRTHPLACE (Coun	ty & State, or foreign country	)   12. CITIZEN O	F WHAT COUNTRY?	
TEACHER SCHOO	L	NEW YOR	RK	USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
GEORGE WHITE	AND HELD	KATHI	RYN LOWE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECU	URITY NO. 17. IN	IFORMANT	Addre	\$\$		
(Yes, no, or unkown) (Ifyesgivewarordatesofservice)	R	ecords at	Nur sing Ho	me Sam	e #1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b)				TINT	ERVAL BETWEEN	
PART I. DEATH WAS CAUSED 8Y:	had!	Thranks	27/2-	ON 2	SET AND DEATH	
1.77	- July	1000 NW-1	ono		days.	
DUE TO						
Conditions, if any, which gave rise to immediate cause						
(a), stating the underlying DUE TO						
cause last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT	RELATED TO THE TERMIN	NAL DISEASE CONDITION G	IVEN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?	
E Welmea, (in	Tenas	relevolve.	heart dieses	ral 1	ES NO DE	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW IN OR CONTRIBUTING   CAUSE OF DEATH III FIRTHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURED.	(Enter nature of injury in I	Part I or Part II of itam 18.)	E M	<u> </u>	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU		E OF INJURY (Home, farm y, street, office bldg., etc.		(County)	(State)	
Hour a.m. While Not While at work at work at work		y, street, office bidg., etc.	1			
21. I certify that (I) (this hospital) attended the de	eceased from	21 Juston	1960, to 20 24	h. 196211	nat (1) (see) last	
saw the deceased alive on 1920 196	5 2, and that	death occured at 2.	M, from the causes	and on the da	ite stated above.	
22. SIGNATURE			APD. STAFF	143777	22b. DATE SIGNED	
Serech T. Hembels	M.D	PHYS. D	DIRECTOR PHYS.		0101110	
22c. PHYSICIAN'S NAME (Type) Seruch T. Kimble		22d. ADDRESS	1.6.	11	1. n	
		12/1en	stung wurt	Salare Op	my pro	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME REMOVAL (Specify)	OF CEMETERY O	R CREMATORY	23d. LOCATION (City, t	own or county)	(Stete)	
Cremation 2/22/62 Fort	Lincol	n Cremator	y Prince G	eorges C	ounty Md	
24 FUNERAL DIRECTOR'S SIGNATURE ADDR	ESS Wash	DC 25a, REC	'D BY REGISTRAR 25b. R	EGISTRAR'S SIGNAT	URE	
The S.H. Hines Co 2901 14th	St., N.W	DATE	EB 21 '62	arilar S. Ha	una.	

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The person are smould on he will all the passi

Oremerion 1/22/62 - For Findela Oremerony Infano George Vounty, Ma.

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North Table

W. L. . S SALI MORE CO. ashib, b. & sali

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# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page Amay be retained by the hospital or afterding physician. TO FUNERA MIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the funeral director, page, should be detached for use as the burial-transit permit. Then please remove carbon papers. It is and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours, after death.

VR A1S (4) 15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02185 CERTIFICATE OF DEATH

t.	PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where deceased			nce before a	dmission)
	MONTGOMERY COUNTY MARYLAND			o. STATE MARYLAND CARROLL						
-	b. CITY OR TOWN (if	outside corporate lim	its,	c. LENGTH OF STAY IN 16		(If outside corporate li			neerest tow	n)
	OLNEY	give nearest town)		2				~ / .	7	
-		AL OR INSTITUTION	lid not in hor	2 DAYS pital, give street eddress)	d. STREET ADDRESS			06)	X 15 0	CIDENCE
	d. NAME OF HOSFIT	AL OK HASTITUTION	(in not in nos	pital, give street eddress)	d. SIKEEI ADDKESS				ON.	SIDENCE A FARM?
		CENERAL I	HOSPIT	AL	RT. 2, B	30x 164			YES _	NO V
3	NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Dey	Year	
	(Type or print)	CLAREN	CE	LESLIE	WILBURN	DEATH -	EBRUAR	RY 10	19	62
5	. SEX				B. DATE OF BIRTH			F UNDER 1 YEAR		
ľ	MALE	WHITE	WIDOWE		10-16-1383	lest t		Months Deys	Hours	Min.
1	Da. USUAL OCCUPATION	ON (Give kind of wor	k 10b., KI	ND OF BUSINESS OR INDUSTR			-	12. CITIZEN C	OF WHAT O	OUNTRY?
9	RETIRED R.			the med & D				1-75		
1	3. FATHER'S NAME	V.CONDOC10	R wes	ans.d. 11.11.		RGINIA		UNI	TED S	TATES
1	J. TATILK S HAME				14. MOTHER'S MAIDEN					
-	WILLIAM WI				MARY MA	RTHA BUCKA				
0	es, no, or unkown)   (If	R IN U.S. ARMED FOR yes give werordates of:	R CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address			
	UNKNOWN				OSPITAL RECO	RDS OLNE	Y, MA	RYLAND		
			cause per li	ne for (e), (b), end (c).	- 0 1-	D			TERVAL BET	
		I WAS CAUSED BY: MMEDIATE CAUSE (*)	HOI	OIELEE	NERAITZ	(EI) VER	110	WITIS	MOEL VIAD I	ZEAIN
П	151	DUE TO								
	Conditions, if eny		PFR	FORATEI	) ULCE	DATED	0	4RCIN	19 m. V	
	geve rise to immedia		111	101111		MILLA	C/	111010	V1117	
	(e), stating the un		OF	ST	1 - 6					
	cause lest.	) (c)	01	JOME	161					
C	PART II. OTHER	SIGNIFICANT CONDI	ITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVE	N IN PART 1(e)		UTOPSY RMED?
14										NO 🗌
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item	n 18.)			
		MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJUR	Y Month, Dey, Ye	er   20d. I		CE OF INJURY (Home, ferr		vn)	(County)		(Stete)
EDI	Hour e.m.	10	While et work	1401 47 11110	ory, street, office bldg., etc	:.)				
1		19	,		11.1.1. D.A		10	/5		
	21. I certify th	iat (I) ( <del>Mis hospi</del>	ral) attend	ded the deceased from.	pueced 20	19.6. to 2	1.1.6	, 195.2	that (I) (	we) last
	saw the decease	ed alive on	0	19.6.2, and that	death occured av:	3.0M, from the	causes a	nd on the d	ate stated	above.
	22e. SIGNATURE	0 ,	01	1	ATTENDING	MED. STA	CE		22b	DATE
17	-	Sam	0/120	itenan "		DIRECTOR PHY		2.	8.6	2
	22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS					
1	A A	SANI OKU	TMAN,	M. D.	SYKESVIL	LE, MARYLA	ND			
2.	a. BURIAL CREMATIC		REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(Çity, town	or county)	(St	ate)
	REMOVAL (Specify)	2-13	-105.	A Hill IVA	215	Munich	Sulla	well !	71/1	
2	FUNERAL DIRECTOR	S SIGNATURE	0 1	ADDRESS	1 250 PFC	C'D BY REGISTRAR	25b. RECL	STRAR'S SIGNA	TURE	
1	1-19th w	1/4/1/6/	2 /1	Labla Illo	n, 111					
14	HILLE JA	- Stireta	1-11	THE LATELLE, 1.	DATE	FEB 1 5 '62	_ a	ribur & F.	inid.	
1		- 1/		/	1					

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MILETAR TERRITOR

RETIRED R.R.CONDUCTOR

Mantechter Sentent Chrestage

MALE WHITE

GLARENCE FEBRUARY 10

10-16-1883 78

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UNITED STATES

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND. 9 CERTIFICATE OF DEATH 02186

1. PLACE OF DEAT a. COUNTY	Н			2. USUAL RESID	ENCE (Where de	ceased lived, If		dence before edmission
	DITT		MARYLAND	Maryla	ha			
b. CITY OR TOWN write RURAL an	<b>Cry</b> (if outside corporate limited give nearest lown)	s, c. L	ENGTH OF STAY IN 16		/N (If outside corpo	prata limits, write	tgomery	ve nearest town)
Takoma Par	k.			Silver d. STREET ADDR	Spring.			
d. NAME OF HOSP	K OR INSTITUTION (II	f not in hospital,	give street address)	d. STREET ADDR	ESS			ON A FARA
Washingt	on Sanitari	um and H	ospital	11507	Georgia A	Tranila		YES NO
3. NAME OF	First		Middle	Last	4. DATE	Month	D	ay Year
(Type or print)				Wilhelm	DEATH	reorua		19 62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In yeers last birthday)	IF UNDER TYEA	
Female	White	WIDOWED	DIVORCED [	2-18-62	14175	yrs.	Months Dey	Hours Min.
10a. USUAL OCCUPA done during most of w	TION (Giva kind of work orking life, even if retired	10b. KIND O	F BUSINESS OR INDUST	RY   11. BIRTHPLACE (C	County & State, or I	foreign country)	12. CITIZEN	OF WHAT COUNT
no			n o		Maryland	7777	S 100 100	
13. FATHER'S NAME				14. MOTHER'S MAIL				
Sonny	Gene	Wi	lhelm	Hele	en Ef	fie	Price	
	VER IN U.S. ARMED FOR	CES?   16. SOCIA		INFORMANT		Address		
	(If yes give war or dates of se	ervice)		Ø-41				
no	NO DEATH [Enter only one		no	father				INTERVAL BETWEEN
	TH WAS CAUSED BY:	cause per line for	(a), (b), and (c).]					ONSET AND DEATH
PAKI I. DEA	IMMEDIATE CAUSE (a)_	Pre	maturity					
163	DUE TO							
Conditions, if an	y, which (b)	2 677	hvxia					
gave rise to imme	diate ceuse	asp	llyxia					
(a), stating the	underlying DUE TO							
causa last.	) (c)_	CONTRIBUTION	TING TO BEATH BUT I	OT RELATED TO THE TE	DANIEL DICEASE	CONTRICTION OF	AFAL IN L. D. A. D. T. A.	VIO WAS ALITONS
PARI II. OTH	ER SIGNIFICANT CONDIT	ION2 CONTRIBO	ING TO DEATH BUT N	OI KELATED TO THE TE	KWINAL DISEASE C	LONDITION GIV	EN IN PAKI I(a	19. WAS AUTOPS PERFORMED?
N N								YES NO
OR CONTRIBUTING	YAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURE	D. (Enter nature of injury	y In Part I or Part II	of item 18.)		
ZOC. TIME OF INJ	URY Month, Day, Yea	r   20d. INJUR	Y OCCURRED   20e. PL	ACE OF INJURY (Home,	farm, 20f. (City	or town)	(County)	(State)
20c. TIME OF INJ Hour a.m. p.m.	19	While		ctory, street, office bldg.				
21. I certify	that (I) (this hospit	al) attended	the deceased from	4	, 19, to		, 19	, that (I) (we) I
	ased alive on							
220. SIGNATURE	1	7	. 1					, 22b. DAT
100	lust 1	tur	lif ,	M.D. PHYS.	MED.	STAFF	2/	26/62 SIGN
22c. PHYSICIAN	S			22d. ADDRESS				
Herbert	J. Friedel	, M. D.		6826 R	iggs Rd.,	Hyatts	ville,	Maryland
23a. BURIAL, CREMA	TION, 236. DATE THER		NAME OF CEMETERY			ATION (City, to		(State)
Cremation	2-19-62	) W	achington S	anitamina a	N	-7 m.1-	D.	
24 FUNERAL DIRECTO		, n	ashing ton S	25a.	REC'D BY REGIST	RAR 256. RE	GISTRAR'S SIG	MATURE
nobert A	. Hare, M. I	. Wash.	Dan. & Hos	pital   DATE	MAR 1 '62	-   -	irong &. Th	ANA B
0 0 57 50	19.00							

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Temation C-1-62 Magnirgton Augiterran and Openies, and the State Inne

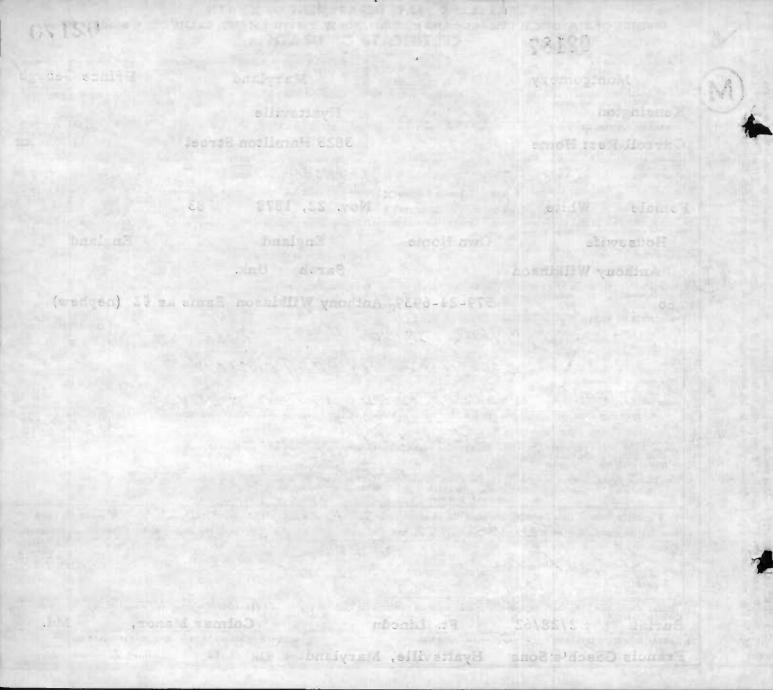
Diversity County of the State of Sub

15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 2017 02187 CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)  e. STATE Maryland b. COUNTY Prince George c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)  Hyattsville d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)  Hyattsville d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Hyattsville  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
ON A FARM?
202F TT 114 CA
3825 Hamilton Street
LKINSON 4. DATE Month Doy Yeer  OF DEATH LOI 25 19/02
B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Nov. 22, 1878    less highlights   Months   Deys   Hours   Min.
RY 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
England England
14. MOTHER'S MAIDEN NAME
Sarah Unk.
INFORMANT Address
nthony Wilkinson Same as #2 (nephew)
INTERVAL BETWEEN ONSET AND DEATH
HEART DISEASE ONSEI AND DEATH
HY PERTENSION
D ARTERIOSCLEPSIS
OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
PERFORMED? YES NO TO
(Enter neture of injury in Pert I or Pert II of item 18.)
ACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) tory, street, office bldg., etc.)
SEPF >2 , 1961, to Teb, 25 , 1962 that (1) (we) las
t death occured at a.S.M., from the causes and on the date stated above
22b. DATE
A.D. PHYS. DIRECTOR PHYS. TEST A 5-1910
22d. ADDRESS
OR CREMATORY 23d. LOCATION (City, town or county) (State)
Colmar Manor, Md.
.   25e. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Saryland DATE MAR 1 '62 Circlus S. Thomas



The law requires that the death certificate be executed within 24 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wing be retained by the hospital or attending physician.

RECTOR: After this certificate has been signed by the attending physician and completely fill should be detached for use as the burial-transit permit. Then please remove carbon papers. Pleaste Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hour. TO HOSPITAL OF death. Page 4 mar of FUNERAY director, page 1 st be filed with the 5

VR A15 (4) 15M 9/60

in by the funeral

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00100

		07799	OLK III IOA			02171	
1. 1	LACE OF DEATH			2. USUAL RESIDEN	CE (Where decessed lived, If	institution: Rasidence before edmission	
-	Montgor	nery	MARYLAN	District O	f Columbia		
t	CITY OR TOWN (	if outsida corporete limits, I give naerest town)	c. LENGTH OF STAY IN	16 c. CITY OR TOWN (	If outside corporete limits, writ	te RURAL and give nearest town)	
	Bethesda		43 Days	Washington		47x · 3	
			of In hospitel, give street eddrass)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?	
	and the same of the same of		Bethesda 14, Md.		ferson Street,	N.E. YES NO	
1	NAME OF DECEASED Type or print)	Carrie	Middla Elizabeth	Williams	4. DATE Mont		
5.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR   IF UNDER 24 HRS.	
-	emale	Negro v	VIDOWED DIVORCED	November 26,	1928 last birthdey) 33 yrs.	Months Deys Hours Min.	
10e.	USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)	106. KIND OF BUSINESS OR INDI	USTRY   11. BIRTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY	
	Bacteriolo		Laboratory	Ohio		U.S.A.	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	George	e Tinley		Alma Jol	hnson		
15. (Yes	WAS DECEASED EV , no, or unkown)   (I	ER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 1	7. INFORMANT The	Medical Record	ts	
	NO			The Clinical Co	enter. Bethesd	la 14. Maryland	
	18. CAUSE OF E	EATH (Enter only one car	use per line for (e), (b), end (c).]			INTERVAL BETWEEN	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	Hypotension and	cerebral isch	emia	ONSET AND DEATH	
	17	1 4	7				
	Conditions, if any, which (b) Cancer of the right breast						
	Conditions, if any		cancer of the r	ignt breast		1 year	
	(e), steting the underlying DUE TO						
	ceuse lest. (c)						
Z	PART II. OTHE	R SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?	
ILA						YES NO 1	
CERTIFICATION		AS UNDERLYING   20	Ob. DESCRIBE HOW INJURY OCCU	JRED. (Entar neture of injury In	Pert I or Pert II of item 18.)		
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)					
MEDICAL	Hour e.m.	JRY Month, Dey, Yeer	20d. INJURY OCCURRED 20e. While Not While at work at work	PLACE OF INJURY (Home, ferr factory, street, office bldg., etc		(County) (State)	
	21. I certify	hat M (this hospital)	) attended the deceased from	January 1.	19.62 to Februar	Ty 139 62that M) (we) la	
21. I certify that (1) (this hospital) attended the deceased from January 1,, 19.62 to Feb saw the deceased alive on February 13,19.62, and that death occurred 1:30 MAKom the							
	226. SIGNATURE RECLEVED ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. TECHNOLOGY 13. 1962						
	22c. PHYSICIAN'S NAME (Type	Richard S	. Riviin	22d. ADDRESS Th	e Clinical Cer	nter, National	
230	BURIAL CREMAT	ION, 236. DATE THEREO	F 23c. NAME OF CEMETI	ERY OR CREMATORY	23d. LOCATION (City, to	Bethesda 14, Md	
	REMOVAL (Specify)	2.18.6		NATIL CEA		ON, VIRGINIA	
24	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS N.W. 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE						
	COM	min	765-1820 9TH	ST., DATE	1 5 '62	thung & Kraya	
_		W	ASHINGTON, D.	C		- / Visites	
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, Ed wrup, He a E the difficult tenter, Marionel The A catego of Health, believed II, Mr.

BURNAL M. 2. 25. U.S. A. MALLINGTON, LATER . TREET MOTOR: VINCIUM N A CONTRACTOR, D.C.

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in by the funeral OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after filled TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wirdeath. Page way be retained by the hospital or attending physician.

TO FUNERAL RECIOR: After this certificate has been signed by the attending physician and completely fill director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Page tiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

VR A15 (4) 15M 9/6D

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12120

CERTIFICATE OF DEATH

2172 02180

1. PLACE OF DEATH a. COUNTY				nstitution: Residence before admission)				
Montgomery	MARYLAND	Virginia	b. count	ngton				
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		(If outside corporata limits, writa					
write RURAL and give nearest town)  Bethesda	31 days	Arlington		82 V 3				
d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS		a. IS RESIDENCE				
The Clinical Conten		900 Manda	Tilongo Cd. And	ON A FARM?				
The Clinical Center  3. NAME OF First	Middle	OUZ NOTEN	Wayne St., Apt.	Day Year				
DECEASED (Type or print)			OF DEATH	10 4				
Catherine	Mable Wi	11iams DATE OF BIRTH	Februar	YUNDER 1 YEAR   IF UNDER 24 HRS.				
	THE TER MARKIED	DATE OF BIRTH	1	Months Days Hours   Min.				
Lemare Milre	OWED DIVORCED	uly 23, 192	0 11 yrs.	LAG CITIZEN OF WHAT COUNTRY				
done during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPEACE (Cou	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Office manager  13. FATHER'S NAME	Civil Service	Missouri		U.S.A.				
The second and the second second second		14. MOTHER'S MAIDEN	NAME					
Finis Williams		Emmajoe Pa						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown)   (Ifyesgivewarordatesofservice)	16. SOCIAL SECURITY NO. 17. I	NFORMANT The	Medical Record					
No	577-16-2918 The	Clinical Ce	nter, Bethesda	lh. Marvland				
18. CAUSE OF DEATH [Enter only one cause	per line for (e), (b), and (c).]			INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH							
7011								
4 3 DUE TO	ll days							
Conditions, if any, which (b) Se	II days							
(a), stating the underlying DUE TO	uito Mirologonous	Carlcomio		6				
101	ute Myelogenous		NAME OF THE OWNER OWNER OF THE OWNER	6 months				
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING   2Db. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH 8UT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
C C C C C C C C C C C C C C C C C C C				YES X NO				
20a. ACCIDENT WAS UNDERLYING   2Db.	DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in	Part I or Part II of item 18.)					
		CE OF INJURY (Home, fer ory, street, office bldg., et		(County) (State)				
Hour a.m.	While Not While factors work at work	ory, street, office bidg., et	c.,					
	standed the deceased from	Cannower la	1962: to Fabrusans	1. 1060) that 100 (wa) las				
21. I certify that (this hospital) a saw the deceased alive on Februa	mended me deceased nome	death seemed	The from the courses of	and on the date stated show				
22a. SIGNATURE	г.уц17О2., and mar	death occured at	FM, Irom me causes a	22b. DATE				
128. SIGNATURE GERO AL. KE	vis M.		MED. STAFF PHYS. X	ebruary 5, 1962				
PHYSICIAN'S NAME (Type) Robert H. I	_e <b>vi</b> n		he Clinical Cen					
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	INSTITUTE OR CREMATORY	s of Health, Be	n or county) (State)				
REMOVAL (Specify) Burial-Transit 2/6/62			Fayette, Mi					
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		EC'D BY REGISTRAR 25b. REGI					
			EB 9 '62 Co	Unit S. Thous				
Robert A. Pumphrey,	Bethesda, Mary	DATE DATE						

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Robert A. Pumpurey, Reforesda, Maryland

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institutes of Health, sevenegen 11, Ma. pure all remain 2/6/62 Frontre Gementery Layette, Harauri

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# MARYLAND STATE DEPARTMENT OF HEALTH

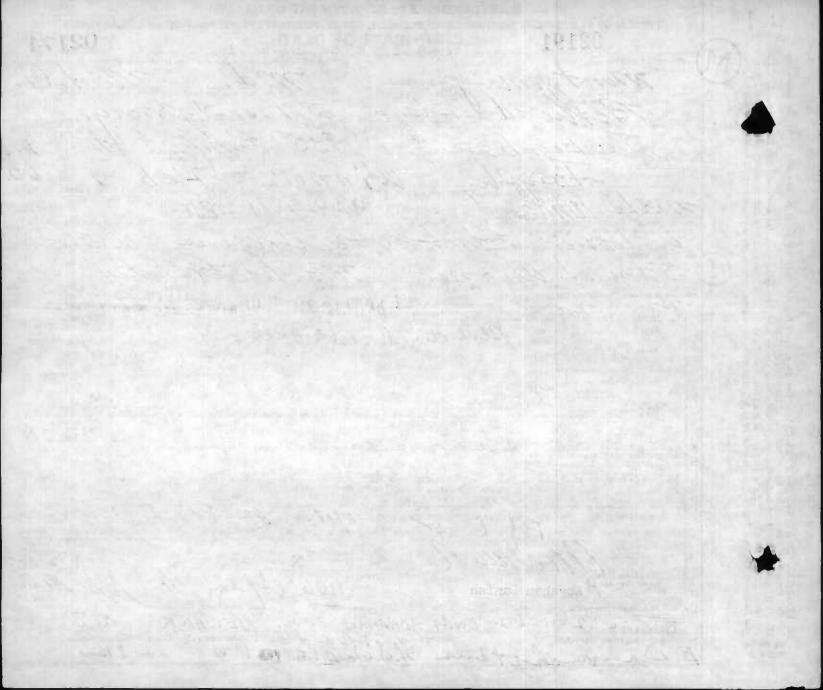
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02173

1. PLACE OF DEATH  a. COUNTY  Montgome	erv	MARYLA	a. Si			ed lived, If i b. COUN	ΤΥ	dence before edmission) Marv's
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
				Leon	ardtown		19 X	. 2
Bethesda d, NAME OF HOSPITAL OF	NSTITUTION (if not	in hospitel, give street eddress	d. S	TREET ADDRESS	al a comi		197	e. IS RESIDENCE
				Ma advan				YES NO TE
The Clinical	Center, De	thesda 14, Md,		INO SUL	eet addr	Month	D	lev Year
DECEASED (Type or print)	70.4 -3 3	Middle	1727		OF DEATH F			19 62
	Richard	Lee		n Jr.				
0.00000711		ARRIED NEVER MARRIED			le	st birthday)	Months Day	
		DOWED DIVORCED				yrs.		
10e. USUAL OCCUPATION (C	live kind of work ife, even if ratired)	10b. KIND OF BUSINESS OR IN	DUSTRY 11. 81F	THPLACE (Count	y & State, or fore	ign country)		N OF WHAT COUNTRY?
Child		None			on, D.C.		U.	S.A.
13. FATHER'S NAME			14. MO	THER'S MAIDEN	NAME			
Richard L.	Wilson, S	Sr.	R	ose Gree	nwell			
15. WAS DECEASED EVER IN I	J.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORM	ANT The M	edical R	ecords	3	
NO	10 W 01 O1 G 0183 O1 3 01 V 1C	None	The Cl		enter, E			Marvland
		e per line for (a), (b), and (c).]	Acuto Tr	mphoeset	in lenker	mia ur	1th	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) involvement of liver, lymph nodes, and kidneys							2 yrs. 4 mo
204 -	204 Bour to Necrotizing, hemorrhagic bronchopneumonia of							
Conditions if any whi								12 hours
	Conditions, if any, which gever lise to Immediate causa							IL HOURD
	(a), stelling the underlying DUETO							
	COUSE IEST. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY							
PART II. OTHER SIGN	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT KELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I						Eld Ha LWKI 1/a	PERFORMED?
∑ Ulce	ration, es					40.1		YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI  Ulceration, esophagus  2De. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJURY Hour a.m.	Month, Dey, Yeer			URY (Home, ferm office bldg., etc.		town)	(County	) (Stete)
Hour a.m.	19	While Not While at work	rectory, street,	office bidg., etc.	' i			
-		attended the deceased	from Febr	nary 5.	19 62 to FE	bruarr	7 2810 6	2 that (N (we) last
		ary 28, 19 62 and						
22a. SIGNATURE	iive on, Etaat, de	ar.g	I IIIai Gealli	occurso ar	2, 110111 111	0 600303	011 1110	22b. DATE
12 ams	1 Hun	wish	M.D. ATT	ENDING N	RED.	STAFF PHYS. X	March -	1,2 1962 SIGNED
22c. HYSICIAN'S NAME (Type)			22d.	ADDRESS Th	e Clinic	cal Cer	nter, N	ational
777.115 (1779)	J. David H	eywood	M.D.Tn	stitutes	Of Heal	th. B	thesda	14. Md.
23a. BURIAL, CREMATION, REMOVAL (Specify)	3-3-196						Tous	
24 FUNERAL DIRECTOR'S SIC	NATURE	ADDRESS 400 CM	afrin 71	25a. REC	D BY REGISTRAL		SISTRAR'S SIG	
	and the	W. Carloock	Mary 1	A LAVIE				

abyteny 186 The Office Control Control In Mit, Mit, Market de la Capacitation de la m 5, 150 m 3 The state of the s Laket E. Elson, or .. fractions, if abachous records deplaced offered at 1984 and cut lotic cu i, it iv ve entre liver, troit made, makini eman . . . . . . crtisi, mermic remain uni ETER III jei t l cirti, u Thomas 5, 8 12 comments of 12 comments So units werender roll, The old the factor, the later ů, ův . J. Market of the leading the second of the

W. PRESTON STREET, BALTIMORE 1, MARYLAND 02191 RTIFICATE FICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before admission e. COUNTY b. COUNTY 1 Pe MARYLAND b. CITY OR TOWN (if outside corporate limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporate fimits, write RURAL end give nearest fown) 24 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO S 3. NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH 19 5. SEX DATE AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED st\_birthday) and Months Devs Hours Min. WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? гетоме done during most of working life, even if retired) FATHER'S NAME 14. MOTHER'S MAIDEN NAME please nding and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yas give wer or detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause fer line for (e), (b), and (c).] ONSET, AND DEATH I. DEATH WAS CAUSED BY 11 ava IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to Immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work n.m. OG. CIOI 21. I certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on. ATTENDING DATE 22e. SIGNATURE SIGNED PHYS. DIRECTOR M.D. HOSPITAL death. Page O FUNERA! director, page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Abraham Danish 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, -23b. DATE THEREOF PEMOVAL (Specify) OF 후 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



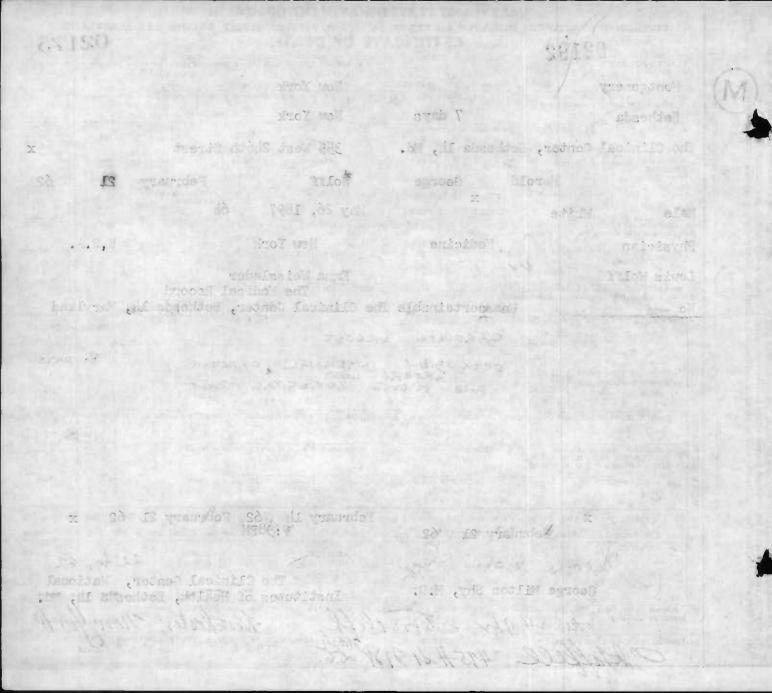
# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

19109 CERTIFICATE OF DEATH

02175

	val U (u								
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDEN	CE (Where deceased lived, If i b. COUN'	nstitution: Residence before admission)				
		MARYLAND	New York		M. Committee				
Montgomery b. CITY OR TOWN (if outs write RURAL end give	ida corporafe limits,	c. LENGTH OF STAY IN 16		If outside corporate limits, write	RURAL and give neerest fown)				
Bethesda	neeress town,	7 days	New York		69x.3				
	R INSTITUTION (if not	in hospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
The Clinical	Center. Bet	hesda 14, Md.	355 West	246th Street	YES NO				
3. NAME OF	First	Middle	Last	4. DATE Month	Day Yeer				
(Type or print)	Harold	George	Wolff	of DEATH Februa	arv 21 19 62				
5. SEX 6. 0	COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers					
		OWED DIVORCED	May 26, 189	7 64 yrs.	Months Days Hours Min.				
De. USUAL OCCUPATION (	Give kind of work   1	Ob. KIND OF BUSINESS OR INDUST		nty & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
done during most of working	life, even if retired)	Medicine	New Y	ork	U.S.A.				
Physician  13. FATHER'S NAME		Medicine	14. MOTHER'S MAIDEN		0.0.4.				
Lewis Wolff 5. WAS DECEASED EVER IN	ILS ABMED FORCES	14 SOCIAL SECURITY NO 1 17	Emma Weis						
(Yes, no, or unkown)   (Ifyesg	ive wer or dates of service				-1				
No		ascertainable Th	e Clinical C	enter, Bethesda					
		per line for (e), (b), end (c).]			INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WA	PART I. DEATH WAS CAUSED BY: IMMEDIAJE CAUSE (6) CARDIAC ARRIST								
311	333 X DUETO & DAYS								
Conditions, if any, wh	-	OCCUUSION	INTERNAL	chrotio	0 3/13				
geva rise to immediate co		A LID M LOWLE	CEREBR	AL RIGHT					
(a), steting the underly	ying DUE TO	PHO ALIES							
causa lest.	VILLICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT DELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a)   19. WAS AUTOPSY				
E PARI III. OTHER SIGN	AIRICANI CONDITION.	CONTRIBUTION TO DEATH BOT AN	OT KEENTED TO THE TERMI	THE DISERSE CONDITION OF	PERFORMED?				
5					YES NO				
PART II. OTHER SIGION OF CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	. DESCRIBE HOW INJURY OCCURED	O. (Enter neture of injury in	Pert I or Pert II of item 18.)					
20c. TIME OF INJURY	Month, Dey, Yeer		ACE OF INJURY (Home, ferr		(County) (Stete)				
20c. TIME OF INJURY Hour e.m.	19	While Not While tac	tory, street, office bldg., etc	5.)					
P COLUMN	17		Echanon 11.	1060 (Mahamana)	.21, 1962, that # (we) las				
21. I certify that	(inis nospiral)	arrended the deceased from.	repruary III,	EXDW dispurientian	1902:, Inal 90 (we) las				
	alive on FEDEUS	17211902., and tha	death occured av.	29474rom the causes	and on the date stated above				
22e. SIGNATURE	eoae m	ichen Shy ,		MED. DIRECTOR PHYS.	22 7eb 62 SIGNED				
22c. PHYSICIAN'S NAME (Type)	George Milt	on Shy, M.D.		he Clinical Cer	nter, National Bethesda 14, Md.				
238. BURIAL, CREMATION, REMOVAL (Specify)	236. DATE THEREOF Febru 4,19	23c. NAME OF GEMETERY	OR CREMATORY	23d. LOCATION (City, tow	on or county)  New for R				
24 FUNERAL DIRECTOR'S SI	GNATURE // CO	ADDRESS 47.5-HSI 27)	250. RE	C'D BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE				
TA THE	0	1011111							



MA	KILAND SIAIE DEF	ARIMENT OF	HEALIH	
DIVISION OF STATISTICAL RES	EARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND.
02102	CERTIFICATE	OF DEATH		02170

06133	
1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
10 1/	a. STATE May - la D C b. COUNTY
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN	
write RURAL and give nearest town)	C. CITT ON TO THE (II outside corporate limits, write NORAL and give meetes)
Takoma Park 4 days	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM
Wash. San + Hosp.	1704 Morningside Dr. YES NOE
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) HING WONE	
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
MALE YELLOW WIDOWED DIVORCED	6-5-89   Jast birthday)   Months Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	
Waiter Restauran	+ China Care
3. FATHER'S NAME	T China CMER.
	)
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT Address
(Yes, no, or unkown) (Ifyesgive warordates of service)	1/ 0
NO	Hospital Mecords
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Starte for	undura belat. your
T DUE TO	
Conditions, if eny, which ) (b) The bleg high	or well fin
geve rise to immediate cause	
(e), stating the underlying DUE TO	+dan
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO V
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING   CAUSE OF DEATH   IIF EITHER, NOTIFY MEDICAL EXAMINER)	CURED. (Enter neture of injury in Pert I or Pert II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e While Not While et work et work et work	factory, street, office bldg., etc.)
	2/10 10 1/17 1/12
21. I certify that (I) (this hospital) attended the deceased fr	
	that deeth occured et M, from the causes and on the dete stated above
228. SIGNAPURE	ATTENDING MED STAFF 22b. DATE SIGNEI
Howard Myorae	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type ward Move & M.E.	
38. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMEN	
Burial 2-17-62 George	Washington Cem Switzwa Md.
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1.W.L11 300411	of the of the suite
0.072	DATEFER 1 4 '62   CANTAGE A. PORTE

DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND 02194 OF DEATH funeral USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Maryland Monte the d 2 MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give nearest town) 24 20 yrs Gaithersburg within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Diamond 110 N. papers. n 72 hou completely 3. NAME OF DATE Middle 4. Month DECEASED (Type or print) Owen Woodward DEATH Feb Ben jaman within and cor 5. SEX B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | 7. MARRIED A NEVER MARRIED death certificate be last\_birthdey) Male WIDOWED [ DIVORCED physician ADa. USUAL OCCUPATION (Give kind of work please remove 10b. KIND OF BUSINESS OR INDUSTRY County & State, or foreign country) done during most of working life, even if retired) Farmer Farming Washington D.C. Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eliza J. Woodware Reid Roszel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) Woodward. Gaithersburg Corrie 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] signed by Myocarditis. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) + therio sclerotic Heart Disense attending Conditions, if eny, which has been geve rise to immediate ceuse DUE TO (e), steting the underlying ceuse lest. the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. factory, street, office bldg., etc.) While Not While Hour e.m. 2/27/62 et work at work Should be de p.m. 12 1963, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... and that death occured at 2. M. from the causes and on the date stated above. saw the deceased alive on.... OR 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. FUNERA 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23e. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Dig g Forest suria. Gaithersburg 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Ernest C. Gartner. Gaithersburg

MARYLAND STATE DEPARTMENT OF HEALTH

15M 9/60

arthur & Kinus DATABAR

Monte

Dev

Months

(County)

e. IS RESIDENCE ON A FARM?

YES NO A

62

Min.

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO

(Stete)

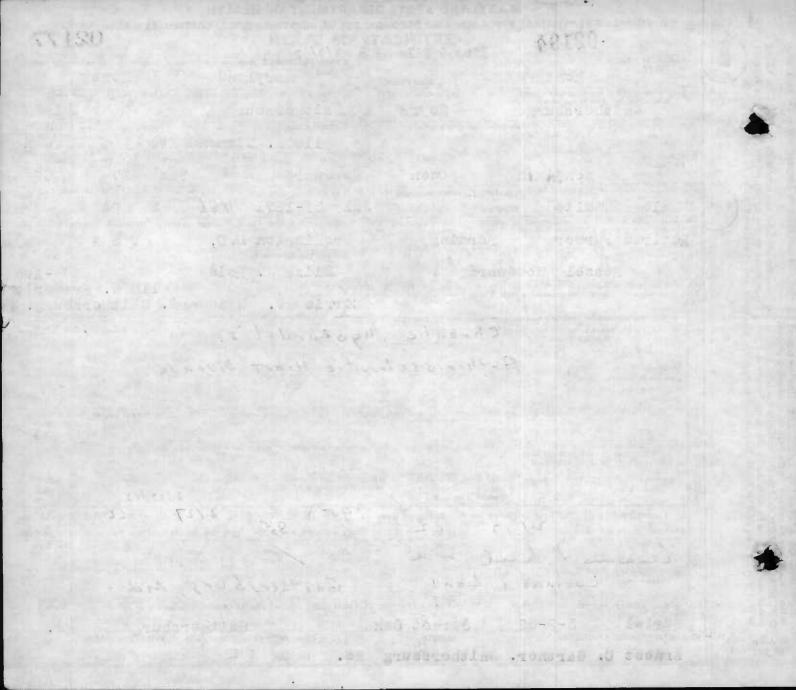
22b. DATE

(Stete)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.



# funeral The law requires that the death certificate be executed within 24 hours after by the and 2 Pages 1 aurs after completely pa n SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exectly as we be retained by the hospital or attending physician. FRAL DIRECTOR: After this certificate has been signed by the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remove carbon paying the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within TO HOSPITAL death. Page 4

direct be file VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02178

1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. STATE b. COUNTY
Mont 60 MERA MARYLAND	o. STATE b. COUNTY MO. Mont Comery.
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete timits, write RURAL end give nearest town)
write RURAL and give nearest town]	59BETHESDA
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddess)	d. STREET ADDRESS
	ON A FARM?
BEL PEE MURSIAG HOME	6216 WE OFEWOOD Kd. YES NO B
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) V. BRUCE	WRIGHT DEATH FEB. 21 1962.
1 THE TER MANAGES	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WhitE WIDOWED DIVORCED J	DEC. 24, 1877 84 yrs. Months Days Hours Min,
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  RETIREO	Missouri G.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Introce	Unknown
UNKNOWN  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	
(Yes no or unknown) ((fivesoivewerordaterofrancica)	Bruce Wright - 6216 WEDBWOODRS. BETHIY, M
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) CON 90371V	e Heart Failure 3 mo.
DUE TO //	
Conditions, if eny, which > (b) THYDERTENSIVE	and Coronary aliceschorotic Host 2 years
gave rise to immediate cause	pisease
(e), staining the underlying	
(c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
E TAKE STATE OF THE STATE OF TH	PERFORMED?
ICA I	YES NO X
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter nature of injury in Pert I or Part II of item 18.)
20c. TIME OF MONTH, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
Hour 8.11.10 7.19	tory, street, office bldg., etc.)
	10 15 01 19
	1964 to \$ 107. d. 1964, that (1) (we) last
saw the deceased alive on FLD	deeth occured et/6.5000, from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
Steph SSADACIN M	A.D. PHYS. DIRECTOR PHYS. D
ZZC. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Frank S. Bacon	1150 Conn. Ave. N. W., Wash. DC
238. BURIAL, CREMATION. 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (Stete)
DELLOWAL IS ILA	Crematory Suitland, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	har franchisch
Robert A. Pumphrey, Bethesda, Mar	TYLATER 23 62   Circling & Thomas

87.150 Corpostion House to Failure Hypereton sing and tenning administrated of the restaurance Tet 11 the state of the state of the Say 16. date of the x and x an also denne ave w. w. been ne Commerces 2/21/42 Canders III Commerces Confidence, Maryland obert A. Pinipiniv, Hethreda, hardland A ryslo